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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/2/2023 11:09 AM Fee Receipt: \$90.00



## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P. O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authori (Foreign Business Entity)	ity		FBE	
Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274,275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:					
business trust (KRS 386).   limited liabili		rporation (KRS 273)  ty company (KRS 275)  ve assn. (KRS)  assn. (KRS)	professional service corporation (KRS 274) professional limited liability company (KRS 275) statutory trust unincorporated association		
(The name must be identical to the name on record with the Secretary of State.)					
3. The name of the entity to be used in Kentucky is (if applicable):					
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)  4. The state or country under whose law the entity is organized is Delaware					
	4/02/2004	and the period of duration is			
6. The mailing address of the entity's principal office is					
One Commerce Square, 2005 Mark	•	Philadelphia	PA 19	9103	
Street Address	Ret Officet, 17th Floor	City		Code	
7. The street address of the entity's regi	stered office in Kentucky is	•			
421 West Main Street	stored omes in Nerhadiky is	Frankfort	KY 40	0601	
Street Address (No P.O. Box Numbers)		City		Code	
and the name of the registered agent at	that office is Corporation Service C	ompany			
8. The names and business addresses			agers, trustees or general i	nartners).	
	2005 Market Street, 17th Floor Street or P.O. Box	Philadelphia City		103	
William H. Dengler, Jr EVP,CAO		Philadelphia		Ocode 9103	
Name	Street or P.O. Box	City		Code	
Thomas Kahl - CFO	2005 Market Street, 17th Floor	Philadelphia		9103	
Name	Street or P.O. Box	City	State Zip	Code	
<ul> <li>9. If a professional service corporation, all the indimore states or Lerritories of the United States or D</li> <li>10. I certify that, as of the date of filing th</li> <li>11. If a limited partnership, it elects to be</li> <li>12. If a limited liability company, check</li> <li>13. This application will be effective upor The effective date or the delayed effective</li> </ul>	istrict of Columbia to render a professional servis application, the above-named entity a limited liability limited partnership. box if manager-managed:	ice described in the statement of pur validly exists under the laws of Check the box if applicable:	poses of the corporation.  of the jurisdiction of its form		
Please indicate the Kentucky county in wh	nich your business operates:				
Country: Notition Country	To complete the following, pl	ease shade the box completely.			
Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees)		of the following make up more eteran Owned Minority (		our business ownership:	
Please indicate which of the following bes	t describes your business:				
☐ Agriculture ☐ Mining ☐ Wholesale Trade ☐ Retail ☐ Public Administration ☐ Transp☐ Other	_	□Construction □Finance, Insurance, Re anitary Services	al Estate		
Vicen A to	Willian	m H. Dengler, Jr EVP, C.	AO & Secr 2/28	1/2023	
Signature of Authorized Representative		Printed Name & Title Date			
Corporation Service Company consent to serve as the registered agent on behalf of the business entity.					
Type/Print Name of Registered Agent	Jawann La	itney Accid	stant Secretary	02/28/2023	
Signature of Registered Agent	Printed Name	Title	starit Secretary	Date	