

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** 

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	•	cate of Authority Business Entity)		FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follo		y applies for authority to transa	act business in Kentucky	on behalf of the entity named below
business tn imited part	tity is a: profit corporation nonprofit business trust limited lia limited partnership non-profit lic profession non-profit lic non-profit lic profession non-profit lic non-profit lic non-profit lic profession non-profit lic non-pr		professional limited liability company statutory trust other	
	name must be identical to the	ne name on record with the S	Secretary of State.)	
3. The name of the entity to be used in	Nentucky is (if applicable):	(Only provide if "real name"	is unavailable for use; o	otherwise, leave blank.)
4. The state or country under whose la	iw the entity is organized is $\underline{f D}$	elaware		
5. The date of organization is 10/08/2	2015	and the period of dur		
6. The mailing address of the entity's p	orincipal office is	**	(If left blank, duration)	on is considered perpetual.)
6380 Rogerdale Road Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>	Houston	State	77072 <b>Zip Code</b>
7. The street address of the entity's re 306 W. Main Street, Suite 512	gistered office in Kentucky is	City Frankfort	KY	40601
Street Address (No P.O. Box Number	ers)	City	Sta	
and the name of the registered agent a	•	on System		•
8. The names and business addresse	s of the entity's representatives	(secretary, omicers and direct	ors, managers, trustees o	r general partners):
Brandy Richardson	6380 Rogerdale Road	<u>Houston</u>	TX	77072
Name	Street or P.O. Box	Cîty	State	Zip Code
M. Shane Smith	6100 Stevenson Blvd Street or P.O. Box	Fremont	CA State	94538 Zip Code
Name Scott Vifquain	6380 Rogerdale Road	City Houston	TX	77072
Name	Street or P.O. Box	City	State	Zip Code
If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation.	ore states or territories of the U on.	nited States or District of Colu	mbia to render a profession	anal service described in the
10. I certify that, as of the date of filing				or its formation.
11. If a limited partnership, it elects to			icable.	
12. If a limited liability company, che		N.		
13. This application will be effective up	on ning.			
In 19		MOAV ARNEY	UP TAX	10/12/22
Signature of Authorized Representative		Printed Name & Titl	le	Date
I, C T Corporation System  TypePrint Name of Registered Agent		, consent to serve as the r	egistered agent on behalf	of the business entity.
By:	Jayna 1	Nickell	Assistant Secretary	10/12/2022
Signature of Registered Agent	Printed !		Title	Date