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Michael G. Adams

9/20/2023 3:21 PM

Fee Receipt: \$90.00

Kentucky Secretary of State Received and Filed:

mmoore L902

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

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sds.ky.gov		te of Authority usiness Entity)	FBE			
Pursuant to the provisions of KRS 14 and, for that purpose, submits the following the	A – 030 the undersigned hereby ap owing statements;	plies for authority to transact	business in Kentucky	on behalf of the entity named below		
<ol> <li>The entity is a: profit corpulation profit corpulation profit corpulations to the set of the entity is cameron</li> <li>The name of the entity is cameron</li> </ol>	oration nonpro- rust limited thership ltd coo Ilc profes	ofit corporation I liability company perative association sional service corporation her LLC	statutory trus public benefit	blic benefit corporation er		
<ol> <li>The name of the entity to be used a</li> </ol>	e name must be identical to the n in Kentucky is (if applicable):	ame on record with the Se	cretary of State.)			
	(On	ly provide if "real name" is	unavailable for use;	otherwise, leave blank.)		
<ol> <li>The state or country under whose</li> <li>The date of organization is <u>August</u></li> </ol>		and the period of durat	ion is			
<ol> <li>The mailing address of the entity's</li> </ol>				ion is considered perpetual.)		
100 District Dr., Apt. 302		Asheville	NC	28803		
Street Address		City	State	Zip Code		
<ol> <li>The street address of the enlity's re 500 W. Jefferson St., Suite 2100</li> </ol>	egistered office in Kentucky is	Louisville		40202		
Street Address (No P.O. Box Numb	ers)	City	<u>KY</u>	tate Zip Code		
and the name of the registered agent	at that office is Scott D Spiegel			·		
8. The names and business addresse		cretary officers and directors	s managers trustees	or general partners):		
Sara Cameron-Ragazzo		Asheville				
Name	Street or P.O. Box	City	NC State	26803 Zip Code		
		,	outo	Lip 0000		
Name	Street or P.O. Box	City	State	Zip Code		
Name	Street or P.O. Box	City	State	Zip Code		
<ol> <li>If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporat</li> </ol>	nore states or territories of the Unite	t less than one half (1/2) of th d States or District of Columb	ne directors, and all of pia to render a professi	the officers other than the secretary ional service described in the		
10, I certify that, as of the date of filing	g this application, the above-named	entity validly exists under the	e laws of the jurisdiction	n of its formation.		
11. If a limited partnership, it elects to	be a limited liability limited partners	hip. Check the box if application	able:			
12. If a limited liability company, che	eck box if manager-managed:	]				
13 This application will be effective up	pon filing					
ACRagaet		ara Cameion-Ragazzo, Manage	r	9.19.23		
Signature of Authorized Reprosinitative		Printed Name & Title		Date		
I, Scott D Spiegel		, consent to serve as the reg	istered agent on behal	If of the business entity.		
Type/Print Name of Registered Agent	0			ماندام		
Datt D. Dang	Scolt D. Spie	gel /	litorney	9/19/23		
Signature of Registered Agent	Printed Name	3	Title	Date		