

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1234775.09

tsemones ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

Received and Filed: 10/3/2022 1:17 PM Fee Receipt: \$90.00

Division of Business Filings	Certificate	of Authority		FBE
P.O. Box 718	(Foreign Busi			
Frankfort, KY 40602	(i oreign busi	noos Linny)		
(502) 564-3490	2.0			
www.sos.ky.gov				
Pursuant to the provisions of KRS 144 and, for that purpose, submits the following the		s for authority to transac	t business in Kentuck	ky on behalf of the entity named below
1. The entity is a: profit corpo	ration nonprofit	corporation	professiona	Il limited liability company
business tri		bility company	statutory tru	ıst
limited part		ative association	other	
			U diller	
non-profit II		nal service corporation		
2. The name of the entity is Batavia A	gency II, Inc.	a an wasand with the Co	arratemy of State \	
25 - 21	name must be identical to the nam	e on record with the Se	cretary of State.)	
3. The name of the entity to be used in	n Kentucky is (if applicable):(Only r	provide if "real name" is	unavailable for use	e; otherwise, leave blank.)
4. The state or country under whose la				,,
5. The date of organization is 9/20/22	an the entry to engant to the	_and the period of durat	tion is perpetual	987.
5. The date of organization is		and the period of durat	(If left blank, dura	ation is considered perpetual.)
6. The mailing address of the entity's	principal office is			
401 Milford Pkwy Ste A		Milford	OH	45150
Street Address		City	State	Zip Code
7. The street address of the entity's re	gistered office in Kentucky is		X00000	40504
828 Lane Allen Road Ste 219		Lexington	KY	(143,451,745,000)
Street Address (No P.O. Box Number	· · · · · · · · · · · · · · · · · · ·	City		State Zip Code
and the name of the registered agent a	at that office is Cogency Global Inc.			
8. The names and business addresse	s of the entity's representatives (secre	tary, officers and director	s, managers, trustees	s or general partners):
W. Scott Bristow	401 Milford Pkwy Ste A	Milford	ОН	45150
Name	Street or P.O. Box	City	State	Zip Code
J. David Wyler	401 Milford Pkwy Ste A	Milford	ОН	45150
Name	Street or P.O. Box	City	State	Zip Code
John Rogers	401 Milford Pkwy Ste A	Milford	ОН	45150
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation	, all the individual shareholders, not les	ss than one half (1/2) of the	he directors, and all o	of the officers other than the secretary
and treasurer are licensed in one or me	ore states or territories of the United S	tates or District of Colum	bia to render a profes	sional service described in the
statement of purposes of the corporation	on.			
10. I certify that, as of the date of filing	this application, the above-named ent	ity validly exists under the	e laws of the jurisdicti	on of its formation.
		9990 70 9970 NV 2000 CC		
11. If a limited partnership, it elects to	be a limited liability limited partnership	. Check the box if applic	able:	
12. If a limited liability company, che-	ck box if manager-managed:			
42. This application will be effective up	on filing			
 This application will be effective up 	on ming.			
2.	1	11 6 11 0 .		nt 9-28-2022
Signature of Authorities		U. Scott Bri	stow, treside	Date Table
Signature of Authorized Representative		Frinted Maine & Title		Date
Caganay Clahal Inc				16-611-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Cogency Global Inc. Type/Print Name of Registered Agent		onsent to serve as the reg	gistered agent on beh	alf of the business entity.
Typorrint Haine of Registered Agent	· / · ·			
1 Xin Kar	Tia Baugh	er	Asst. Sec.	9/28/2022
Signature of Registered Agent	Printed Name		Title	Date