

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

1381876.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 7/26/2024 2:22 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 Certificate of Authority

(Foreign Business Entity)

**FBE** 

www.sos.ky.gov									
Pursuant to the provisi and, for that purpose, s			ned here	by applies for authori	ty to transact b	ousiness in Kentucky	on behalf of the	entity named belo	
1. The entity is a:	profit corporat	ion	,	nonprofit corporation professional li			mited liability company		
	business trust			imited liability compar	P. C.		statutory trust		
	limited partner			td cooperative associ	Don.	Property Commence of the Commence	public benefit corporation		
	**************************************	non-profit llc		professional service of		100	other		
		HOLDINGS I		ororessional service of	Siporation	outor			
2. The name of the en	(The n	ame must be ide	ntical to	the name on record	with the Secu	retary of State.)		·	
				the name on record		otally or otalion,			
3. The name of the en	itity to be used in K	entucky is (if appli	icable):_	(Only provide if "r	eal name" is u	ınavailable for use; o	otherwise, leave	blank.)	
4. The state or country	v under whose law	the entity is organ	nized is				, , , , , , , , , , , , , , , , , , , ,		
The state of country     The date of organiza	ation is 02/09/202	23	iized io_	and the ne	eriod of duratio	n is Perpetual			
5. The date of organiza	ation is			and the pr	chod of daratio	(If left blank, duration	on is considere	d perpetual.)	
6. The mailing address	s of the entity's prir	ncipal office is				•			
2422 Airway Drive					g Green	KY	42103		
Street Address				City		State	Zip Code	)	
7. The street address	of the entity's regis	stered office in Ker	ntucky is						
306 W. Main Street, Suite 512				Frankfo	ort	KY	4060		
Street Address (No P.O. Box Numbers)					City	Sta	ate	Zip Code	
and the name of the re	gistered agent at the	hat office is CT	Corpor	ation System					
8. The names and bus					and directors	managers trustees o	or general nartner	·s).	
o. The names and bus								٥,٠	
ETR2.0, Inc/Brian I		422 Airway Dri	071100300		ig Green	KY	42103		
Name		Street or P.O. Box		City		State	Zip Code	,	
RETR HoldCo, LLC		460 E Swedesfo				PA	19087		
Name	,	Street or P.O. Bo	X	City		State	Zip Code	,	
Name		Street or P.O. Bo	x	City		State	Zip Code	•	
If a professional sen and treasurer are licen statement of purposes	sed in one or more	e states or territorie	areholde es of the	ers, not less than one United States or Dist	half (1/2) of the rict of Columbi	e directors, and all of t a to render a profession	he officers other onal service desc	than the secretar ribed in the	
10. I certify that, as of	the date of filing thi	is application, the	above-n	amed entity validly ex	ists under the	laws of the jurisdiction	of its formation.		
11. If a limited partners	ship, it elects to be	a limited liability li	mited pa	artnership. Check the	box if applical	ble:			
12. If a limited liability	company, check	box if manager-n	nanaged	d:					
13. This application will	Il be effective upon	filing.							
Pra 5 201				Brian E. Fox	Member	6/1	4/2024		
Signature of Authorized Representative					Name & Title	Date			
I, C T Corporation S	System					stered agent on behal	f of the business	entity.	
	oration System	Denise Bell	Deni	ise Bell	,	Assistant Secretar	ry	7/25/2024	
Signature of Registered	Agent		Printer	d Name		Title		Date	