



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

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 030 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:

1. The entity is a: profit corporation ☐ nonprofit corporation ☒ professional limited liability company ☐
business trust ☐ limited liability company ☐ statutory trust ☐
limited partnership ☐ ltd cooperative association ☐ public benefit corporation ☐
non-profit llc ☐ professional service corporation ☐ other ☐

2. The name of the entity is Warrick Newco LLC

(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

5. The date of organization is 5/12/2020 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is

201 Isabella Street, Suite 500 Pittsburgh PA 15212
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is

306 W. Main Street, Suite 512 Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Renato Bacchi	201 Isabella Street, Suite 500	Pittsburgh	PA	15212
Name	Street or P.O. Box	City	State	Zip Code
Heather Hudak	201 Isabella Street, Suite 500	Pittsburgh	PA	15212
Name	Street or P.O. Box	City	State	Zip Code
John Fontecchio	201 Isabella Street, Suite 500	Pittsburgh	PA	15212
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

Heather Hudak Heather Hudak, Vice President, Tax 8-21-23
Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: C T Corporation System
Signature of Registered Agent Printed Name Title Date



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Statement of Consent of Registered Agent CRA
(Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is ☒ a corporation (KRS 271B, KRS 273 or KRS 274)
☐ a limited liability company (KRS 275)
☐ a limited partnership (KRS 362)
☐ a limited liability partnership (KRS 362)
☐ a business trust (KRS 386)
2. The name of the business entity is Warrick Newco LLC
3. The state or country of incorporation, organization or formation is Delaware
4. The name of the initial registered agent is C T Corporation System
5. The street address of the registered office address in Kentucky is:

306 W. Main Street, Suite 512	Frankfort	KY	40601
Street Address (No Post Office Box Number)	City	State	Zip Code

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

C T Corporation System

Eric Carlson

By: _____		
Assistant Secretary	Signature of Registered Agent	Printed Name
Title		