

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

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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/26/2023 10:00 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

## **Certificate of Authority**

(Foreign Business Entity)

www.sos.ky.gov				
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		plies for authority to transact bus	siness in Kentucky on	behalf of the entity named below
The entity is a:  profit corpora	ation nonpro	fit corporation	professional limi	ted liability company
		liability company		
		perative association		
non-profit llc		sional service corporation	other	, p = 1 = 1
2. The name of the entity is		NewFields Atlanta, LL		
(The i	name must be identical to the na			*
3. The name of the entity to be used in				- 100
	(Onl	y provide if "real name" is una	available for use; oth	erwise, leave blank.)
4. The state or country under whose law			Delaware	
5. The date of organization is	10/27/2014	and the period of duration i		rpetual
6. The mailing address of the entity's pr	incipal office is	(1	r left blank, duration	is considered perpetual.)
1349 West Peachtree		Atlanta	GA	30309
Street Address		City	State	Zip Code
7. The street address of the entity's reg	istered office in Kentucky is			
828 Lane Allen		Lexington	KY	40504
Street Address (No P.O. Box Numbers	5)	City	State	Zip Code
and the name of the registered agent at	that office is	Cogency G	Blobal Inc.	•
8. The names and business addresses	of the entity's representatives (sec	cretary, officers and directors, m	anagers, trustees or g	eneral partners):
See attached				
Name	Street or P.O. Box	City	State	Zip Code
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, a and treasurer are licensed in one or mor statement of purposes of the corporation</li> </ol>	e states or territories of the United	less than one half (1/2) of the di di States or District of Columbia to	irectors, and all of the o render a profession	officers other than the secretary al service described in the
10. I certify that, as of the date of filing the	nis application, the above-named e	entity validly exists under the law	vs of the jurisdiction of	its formation.
11. If a limited partnership, it elects to be	a limited liability limited partnersh	nip. Check the box if applicable	: 🔲	
12. If a limited liability company, check	box if manager-managed: 🗵			
13. This application will be effective upon	n filing.			
Date C. Love		Patriok C Cabb C	FO	00/25/2022
Signature of Authorized Representative		Patrick C. Gobb, C Printed Name & Title		09/25/2023 Date
I, Cogency Glo	obal Inc,	consent to serve as the registe	red agent on behalf of	the business entity.
Christ Marasen	Christin	a Marasigan As	ist. Secy.	9/25/2023
Signature of Registered Agent ()	Printed Name	U Title	9	Date

## NewFields Atlanta, LLC List of Representatives

Name	Address	Title
NewFields Companies, LLC	1349 W. Peachtree St. NW, Suite 1950,	Manager, Member
	Atlanta, GA 30309	
William L. Hall	1349 W. Peachtree St. NW, Suite 1950,	Manager, Member
	Atlanta, GA 30309	
Shahrokh Rouhani	1349 W. Peachtree St. NW, Suite 1950,	Manager, Member
	Atlanta, GA 30309	
Gary Krieger	1349 W. Peachtree St. NW, Suite 1950,	Manager, Member
	Atlanta, GA 30309	
Patrick Gobb	1349 W. Peachtree St. NW, Suite 1950,	Chief Executive Officer
	Atlanta, GA 30309	
Jennifer Rosenberg	1349 W. Peachtree St. NW, Suite 1950,	Secretary
	Atlanta, GA 30309	
Lisa Maguire	1349 W. Peachtree St. NW, Suite 1950,	Treasurer
	Atlanta, GA 30309	