

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

(Foreign Business Entity)

1308782.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 9/14/2023 2:48 PM

	Nemiliacky Secretary or
TE	Received and Filed:
	9/14/2023 2:48 PM
	Fee Receipt: \$90.00

ASSISTANT SECRETARY

Title

09/01/2023

Date

(502) 564-3490 www.sos.ky.gov			9		
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		for authority to transact b	ousiness in Kentucky	on behalf of the entity n	amed below
1. The entity is a: profit corpor business true limited partrue non-profit lice	proporation professional limited liability company statutory trust other liservice corporation				
2. The name of the entity is <u>SWBC N</u> (The	name must be identical to the name				,
3. The name of the entity to be used in	(Only pr	Mexico S. DE R.L. I rovide if "real name" is u	DE C.V. LLC unavailable for use;	otherwise, leave blank	.)
4. The state or country under whose la)			
5. The date of organization is $07/18/2$	2023	_and the period of duratio	n is	tion is considered perpo	etual)
6. The mailing address of the entity's p	principal office is		(II left blank, dura	ion is considered perp	otaai.,
9311 San Pedro Ave. Ste 600		San Antonio	TX	78216	
Street Address		City	State	Zip Code	
7. The street address of the entity's re 306 W. Main Street, Suite 512	gistered office in Kentucky is	Frankfort	KY	40601	
Street Address (No P.O. Box Numbers)		City		tate Zip C	ode
and the name of the registered agent a		tem			
			managere trustees	or general partners).	
8. The names and business addresses	s of the entity's representatives (secreta				
Mark Hein, Manager	9311 San Pedro Ave., Ste 600	San Antonio	TX	78216	
Name	Street or P.O. Box	City	State	Zip Code 78216	
APAS Shareholder, LLC, Member	9311 San Pedro Ave., Ste 600	San Antonio	TX	Zip Code	
Name	Street or P.O. Box	City San Antonio	State TX	78216	
SWBC Shareholder, LLC, Member Name	9311 San Pedro Ave., Ste 600 Street or P.O. Box	City	State	Zip Code	
9 If a professional service corporation	, all the individual shareholders, not less ore states or territories of the United Sta	s than one half (1/2) of the	e directors, and all of a to render a profess	the officers other than the	ie secretary n the
10. I certify that, as of the date of filing	this application, the above-named entit	ty validly exists under the	laws of the jurisdiction	on of its formation.	
11. If a limited partnership, it elects to	be a limited liability limited partnership.	Check the box if applica	ble:		
12. If a limited liability company, chec	ck box if manager-managed:				
13. This application will be effective up	on filing.				
Sharry McGinnes She		erry McGinnes, Authorized Person 9/8/2023			
Signature of Authorized Representative	Silei	Printed Name & Title		Date	
I, C T Corporation System Type/Print Name of Registered Agent	, co	onsent to serve as the regi	stered agent on beh	alf of the business entity.	

SEAN L. EMERICK

Printed Name

Signature of Registered Agent

Division of Business Filings

P.O. Box 718

Frankfort, KY 40602