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Kentucky Secretary of State Received and Filed:

Michael G. Adams

9/14/2022 2:09 PM

Fee Receipt: \$90.00

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ADD

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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 and, for that purpose, submits the follo	<ul> <li>- 030 the undersign wing statements:</li> </ul>	ed hereby applies	for authority to trar	nsact business in	n Kentucky on b	ehalf of the entity named below	
1. The entity is a: profit corpo business true limited parts non-profit like	ust nership			sta ot	ofessional limite atutory trust her	d liability company	
2. The name of the entity is(The	name must be iden		rehead KY Develo on record with the			·	
<ol> <li>The name of the entity to be used in</li> <li>The state or country under whose la</li> </ol>	• • • •	(Only pro	ovide if "real name	<b>ə" is unavailabl</b> Washin		rwise, leave blank.)	
5. The date of organization is	May 20, 202	2	and the period of d				
6. The mailing address of the entity's p 701 Fifth Ave	principal office is nue, 74th Floor		Seatt		wA	s considered perpetual.) 98104	
Street Address			City		tate	Zip Code	
7. The street address of the entity's real 828 Lane Allen	gistered office in Kent Road, Suite 219	ucky is	Lexing	ton	~	40504	
Street Address (No P.O. Box Numbe			City		<y state<="" td=""><td>Zip Code</td></y>	Zip Code	
and the name of the registered agent a	t that office is		-	ENCY GLOBAL	INC		
8. The names and business addresses		antativos (socrator					
			y, uncers and une	ciors, managers	, indstees of get	ierar partners).	
Clean JV III LLC, Manager Name	701 Fifth Ave Street or P.O. Box	, 74th Floor	Seatt		WA	98104	
Name	Street of F.O. BOX		City	3	tate	Zip Code	
Name	Street or P.O. Box		City	S	tate	Zip Code	
Name	Street or P.O. Box		City	S	tate	Zip Code	
<ol> <li>If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio</li> </ol>	ore states or territories	eholders, not less of the United State	than one half (1/2) es or District of Co	of the directors, umbia to render	and all of the of a professional	ficers other than the secretary service described in the	
10. I certify that, as of the date of filing t	this application, the at	ove-named entity	validly exists unde	r the laws of the	jurisdiction of it	s formation.	
11. If a limited partnership, it cleats to b	e a limited liability limi	ted partnership. (	Check the box if ap	plicable:			
11. If a limited partnership, it elects to b							
<ol> <li>12. If a limited liability company, chec</li> </ol>	k box if manager-ma	naged: 🗙					
		naged: 🗵					
12. If a limited liability company, chec		naged: 🗵 Nid	L GILLO Aut	norized Signatory of N	lanager	September 8, 2022	
12. If a limited liability company, chec		naged: 🗵	L Gillro Auti Printed Name & T	norized Signatory of N	lanager	September 8, 2022 Date	
12. If a limited liability company, chec 13. This application will be effective upo Signature of Authorized Representative L COGENCY GL	on filing.	Nid		itle		Date	
12. If a limited liability company, chec 13. This application will be effective upo Signature of Authorized Representative	on filing.	Nid	Printed Name & T ent to serve as the	itle	it on behalf of th	Date	

# **FILING INSTRUCTIONS**

# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

#### TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

#### NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

## DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

#### **REGISTERED OFFICE AND REGISTERED AGENT**

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic non-corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

#### CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

## EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing. WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

#### NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

#### DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS	OFFICE LOCATION
Michael Adams	Room 154, Capitol Building
Secretary of State	700 Capital Avenue
P O Box 718	Frankfort KY 40601

P.O. Box 718 Frankfort, KY 40601 Frankfort, KY 40602-0718 Hours of Operation: 8:00 AM-4:30 PM ET

# CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

## FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.