

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/20/2022 11:25 AM Fee Receipt: \$90.00

				9/20/2022 11.25 Alvi	l
Division of Business Filings	Certificate of Autho	ertificate of Authority		Fee Receipt: \$90.00	
P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Business Entity)		·		
www.sos.ky.gov					
Pursuant to the provisions of KRS 14A on behalf of the entity named below an			hereby applies for a	authority to transact business in Ke	entucky
1. The entity is a : profit corpo	ration (KRS 271B) Donprofit	corporation (KRS 273)		onal service corporation (KRS 274)	.)
		bility company (KRS 275		onal limited liability company (KRS	,
		rative assn. (KRS)	statutory	, , , , , , , , , , , , , , , , , , ,	210)
		ve assn. (KRS)		orated association	
2. The name of the entity is RGN-Le	ame must be identical to the name on re-	cord with the Secretary of	State)		·
		cord with the Secretary of	State.)		
3. The name of the entity to be used in		rovide if "real name" is un	available for use: of	herwise leave blank)	·
4. The state or country under whose la					
5. The date of organization is 09/19		and the period of dura	tion is porpotual		·
			(If left blank, dura	ation is considered perpetual.)	
6. The mailing address of the entity's p	•				
15305 N. Dallas Pkwy, 12th Floor,	Addison, TX 75001				·
Street Address		City	State	Zip Code	
7. The street address of the entity's re	gistered office in Kentucky is				
421 West Main Street	Frankfort	KY	40601	·	
Street Address (No P.O. Box Numbers)		City	State	Zip Code	
and the name of the registered agent a	it that office is Corporation Service	Company			·
8. The names and business addresses	s of the entity's representatives (secre	etarv. officers and directo	rs. managers. trust	ees or general partners):	
		-			
Regus Corporation, Sole Member			<u>TX</u>	75001	
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	
 9. If a professional service corporation, all the inmore states or territories of the United States or 10. I certify that, as of the date of filing 11. If a limited partnership, it elects to be 12. If a limited liability company, cheet 13. This application will be effective up The effective date or the delayed effective 	District of Columbia to render a professional s this application, the above-named ent be a limited liability limited partnership ck box if manager-managed:	ervice described in the statem tity validly exists under th . Check the box if applic ate and/or time is provide	ent of purposes of the c ne laws of the jurisd cable:	corporation.	I ONE OF
	-				··
Please indicate the Kentucky county in v	which your business operates:				
County:	To complete the following	, please shade the box con	npletely.		
Please indicate the size of your business Small (Fewer than 50 employees) Large (50 or more employees)	s: Please indicate whether a Women-Owned	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: Women-Owned Veteran Owned			
Please indicate which of the following b	est describes vour business:				
Agriculture	-	Construction			
	il Trade Manufacturing		ance, Real Estate		
	sportation, Communications, Electric, Ga	s, Sanitary Services			
Dother				10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.51
Michael Osburn	Mic	hael Osburn, Authoriz	zed Person	19 September 2022 18	8:51 CE
BEBEARA7831D49C ized Representative	<u> </u>	Printed Name & Title		Date	
I, Corporation Service Company	, C	onsent to serve as the re	gistered agent on b	behalf of the business entity.	
Type/Print Name of Registered Agent By:			Assistant Secre	-	
	•	Service Company			
Signature of Registered Agent	Printed Name		Title	Date	