

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1317487.09

tsemones ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

10/26/2023 3:49 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718	Certificate of Authority (Foreign Business Entity)			FBE
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign	business Entity)		
Pursuant to the provisions of KRS 14A and, for that purpose, submits the following		applies for authority to transact b	ousiness in Kentucky on be	half of the entity named below
		profit corporation	professional limited	liability company
		ted liability company	statutory trust	
limited partne		cooperative association fessional service corporation	public benefit corpo	oration
The name of the entity is NEWPOR			- Other	
(The r	name must be identical to th	e name on record with the Secr	etary of State.)	*
3. The name of the entity to be used in I	Kentucky is (if applicable):			
		Only provide if "real name" is u	navailable for use; other	wise, leave blank.)
4. The state or country under whose law 5. The date of organization is 04/07/20		and the period of duration	n is Pernetual	*
Park Million throughout the CPU High Notice Mark To the CPU High C		and the period of duratio	(If left blank, duration is	considered perpetual.)
The mailing address of the entity's pri 1520 Prairie Drive	incipal office is	Warthington	MN	56187
Street Address	THE RESERVE THE PROPERTY OF THE PARTY OF THE	Worthington	State	Zip Code
7. The street address of the entity's regi	stered office in Kentucky is			
306 W. Main Street, Suite 512	stered office in Kentdoky is	Frankfort	KY 400	501
Street Address (No P.O. Box Numbers	1 ⁸ A	City	State	Zip Code
and the name of the registered agent at	that office is C T Corporat	ion System		
8. The names and business addresses	of the entity's representatives	(secretary, officers and directors,	managers, trustees or gen	eral partners):
Brian Harberts, CEO & Director	1520 Prairie Drive	Worthington	MN	56187
Name	Street or P.O. Box	City	State	Zip Code
Jared Smith, Secretary	1520 Prairie Drive	Worthington	MN	56187 Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of the Ur			
10. I certify that, as of the date of filing the				formation.
11. If a limited partnership, it elects to be		ership. Check the box if applicat	ole:	
12. If a limited liability company, check	box if manager-managed:			
13. This application will be effective upon	n filing.			
Jared S		Jared Smith - Secretary	10/23/2	023
Signature of Authorized Representative		Printed Name & Title		Date
CT Corporation System		, consent to serve as the regis	tered agent on behalf of the	e business entity
Type/Print Name of Registered Agent	2 00	, consent to serve as the regis	nered agent on benan of the	o oddinedo cinty.
By:	Van Cament SEAN	L. EMERICK AS	SSISTANT SECRETAR	RY 10/16/2023
Signature of Registered Agent	Printed No		itle	Date