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Kentucky Secretary of State Received and Filed:

Michael G. Adams

8/31/2023 10:12 AM

Fee Receipt: \$90.00

mmoore ADD



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

			FBE	
030 the undersigned hereby applies ng statements:	for authority to transact	business in Kentucky o	n behalf of the entity named below	
rship Itd coopera profession	nonprofit corporation professional limited liability company limited liability company statutory trust ltd cooperative association public benefit corporation professional service corporation other			
	on record with the Co			
	on record with the Se	cretary of State.)		
the entity is organized is Alaska	ovide if "real name" is	unavailable for use; ot	herwise, leave blank.)	
	and the period of durati			
ncipal office is		(If left blank, duration	n is considered perpetual.)	
	Anchorage	AK	99515	
	City	State	Zip Code	
tered office in Kentucky is	Frankfort	KY	40601	
	City			
nat office is Corporation Service Compa	any			
f the entity's representatives (secreta	ary, officers and directors	, managers, trustees or	general partners):	
1001 O'Malley Centre Drive, Suite 204	Anchorage	AK	99515	
Street or P.O. Box	City	State	Zip Code	
Street or P.O. Box	City	State	Zip Code	
Street or P.O. Box	City	State	Zip Code	
states or territories of the United Sta	tes or District of Columb	ia to render a profession	al service described in the	
	(Foreign Busin 030 the undersigned hereby applies ing statements: ion nonprofit c imited liab Itd coopera professiona gement Services, LLC ame must be identical to the name ientucky is (if applicable): (Only puthe entity is organized is Alaska incipal office is tered office in Kentucky is hat office is <u>Corporation Service Compa</u> f the entity's representatives (secretar 1001 O'Malley Centre Drive, Suite 204 Street or P.O. Box Street or P.O. Box the individual shareholders, not less states or territories of the United Star	In the entity's representatives (secretary, officers and directors and directors for P.O. Box	(Foreign Business Entity) 030 the undersigned hereby applies for authority to transact business in Kentucky on g statements: ion nonprofit corporation iiiii ited liability company statutory trust istements: professional limited liability company istatutory trust public benefit company istatutory trust public benefit company istatutory trust public benefit company gement Services, LLC istatutory provide if "real name" is unavailable for use; of the entity is organized is Alaska	

I. Corporation Service Company Type/Print Name of Registered Agent

___, consent to serve as the registered agent on behalf of the business entity.

By: Melissa Lemus	Corporation Service Company	Assistant Secretary	08/30/2023	
Signature of Registered Agent	Printed Name	Title	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 152, Capitol Building
Secretary of State	700 Capital Avenue
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.