



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

1314488.09

m Moore  
ADD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
10/12/2023 10:12 AM  
Fee Receipt: \$50.00

PAI

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Incorporation  
Profit Corporation

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is MTA Holdco, Inc.

Article II: The number of shares the corporation is authorized to issue is 1,000

Article III: The street address of the corporation's initial registered office in Kentucky is

1500 Ormsby Station Road, Suite 110	Louisville	Kentucky	40223
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is James Kemp

Article IV: The mailing address of the corporation's principal office is

1500 Ormsby Station Road, Suite 110	Louisville	Kentucky	40223
Street Address or Post Office Box Number	City	State	Zip Code


Article V: The name and mailing address of the incorporator is as follows:

James Kemp	1500 Ormsby Station Road, Suite 110	Louisville	Kentucky	40223
Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code


Article VI: This application will be effective upon filing.

Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	James Kemp	Sole Incorporator	October 11, 2023
Signature of Incorporator	Printed Name	Title	Date

I, James Kemp, consent to serve as the registered agent on behalf of the corporation.

	James Kemp	Resident Agent	October 11, 2023
Signature of Registered Agent	Printed Name	Title	Date