



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1248091.06

tsemones ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/19/2022 3:59 PM Fee Receipt: \$90.00

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

Certificate of Authority (Foreign Business Entity)

Pursuant to the provisions of KRS 1 and, for that purpose, submits the fo		hereby applies for author	ority to transact busine	ess in Kentucky on	behalf of the entity named
1. The entity is a: profit cor	noration	nonprofit corporation		nrofossional lim	itad liability aamnany
1. The entity is a: profit cor	_			1.	ited liability company
business		limited liability compa	_	statutory trust	
1 1 .	artnership	Itd cooperative asso		other	
non-profi		professional service	corporation		
The name of the entity is <u>Drennan</u>					
(Т	he name must be identic	al to the name on reco	rd with the Secretary	of State.)	
The name of the entity to be used	d in Kentucky is (if applicab				
4. The state or country under whose			real name" is unava	illable for use; oth	herwise, leave blank.)
The date of organization is Octobe	r 21, 2019	and the	period of duration is _	ft blank donation	
6. The mailing address of the entity'	s principal office is		(IT IE	ert blank, duration	is considered perpetual.
c/o Legal Dept., Integrity Marketing Group		22 Dallas		Texas	75202
Street Address	, -,	City		State	Zip Code
7. The street address of the entity's	registered office in Kentus	_			•
421 West Main Street	registered office in Kentuc	ry is Frankfo	ort	KY	40601
Street Address (No P.O. Box Numbers)			City	State	
and the name of the registered agen	•	n Service Company	• •		
8. The names and business address	ses of the entity's represen	tatives (secretary, office	rs and directors, mana	agers, trustees or (general partners):
Bryan Adams, Manager and CEO 1445 Ross Avenue, Floor 22		22 Dallas		Texas	75202
Name	Street or P.O. Box	City		State	Zip Code
Steven Sigrist, Manager and CFO	1445 Ross Avenue, Floo	or 22 Dallas		Texas	75202
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 and treasurer are licensed in one or statement of purposes of the corporation 	more states or territories of				
10. I certify that, as of the date of filir	ng this application, the abo	ve-named entity validly e	exists under the laws of	of the jurisdiction o	f its formation.
11. If a limited partnership, it elects t	o be a limited liability limite	d partnership. Check th	ne box if applicable:		
12. If a limited liability company, ch	neck box if manager-mana	aged: 🔳			
13. This application will be effective	upon filing.				
And		Stayon Signist C	FO.	Dagon	nhar 14, 2022
Signature of Authorized Representative		Steven Sigrist, Cl	ed Name & Title	Decen	nber 14, 2022
Signature of Authorized Representative	-	rinte	u name a me		Date
, Corporation Service Company		, consent to serve as the registered agent on behalf of the business entity.			
Type/Print Name of Registered Agen	ł				
Eunly Rabrique	F	ddy Rodriguez	Assistan	t Secretary	12/16/2022
Signature of Registered Agent		rinted Name	Title	·	Date
					D 4.0