

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1264592.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/2/2023 2:29 PM Fee Receipt: \$90.00

FBE

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

## Certificate of Authority

(Foreign Business Entity)

(502) 564-3490 www.sos.ky.gov					
Pursuant to the provisions of KRS and, for that purpose, submits the fo		y applies for auth	ority to transact bus	siness in Kentucky on	behalf of the entity named below
1. The entity is a: X profit co	rporation no	nonprofit corporation		professional limited liability company	
business	7.MTrg-3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	limited liability company		statutory trust	
		Itd cooperative association		public benefit corporation	
non-prof	AND	professional service corporation		other	
2. The name of the entity is Ajax I	1.0	oressional service	corporation	outer	
2. The name of the entity is Ayan E	The name must be identical to t	he name on reco	rd with the Secret	tary of State.)	
3. The name of the entity to be use	ed in Kentucky is (if applicable):				
			"real name" is una	available for use; oth	erwise, leave blank.)
4. The state or country under whos			noried of direction i	is nemetual	
5. The date of organization is $\underline{11/09/2022}$		and the period of duration is perpetual (If left blank, duration is considered perpetual.)			
6. The mailing address of the entity			,		
201 King of Prussia Road, Suit	e 230	Radno	or	PA PA	19087
Street Address		City		State	Zip Code
7. The street address of the entity's	s registered office in Kentucky is				10.001
306 W. Main Street, Suite 512	ahara)	Frank	City	KY State	Zip Code
Street Address (No P.O. Box Nun	Marine Control of the	ion System	City	State	Zip Code
and the name of the registered age					•
8. The names and business address	sses of the entity's representative	s (secretary, office	rs and directors, m	anagers, trustees or ge	eneral partners):
Dennis Patrick Malcor, Jr.	201 King of Prussia Rd.,	Ste 230 Radn	or	PA	19807
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
<ol> <li>If a professional service corporat and treasurer are licensed in one or statement of purposes of the corporate</li> <li>I certify that, as of the date of fill</li> </ol>	r more states or territories of the laration.	Jnited States or D	strict of Columbia t	o render a professiona	Il service described in the
11. If a limited partnership, it elects	to be a limited liability limited par	tnership. Check t	he box if applicable	): :	
12. If a limited liability company, o	heck box if manager-managed:				
13. This application will be effective	upon filing.				
LXXXXX		Dennis Patrio	k Malcor, Jr.		2 Mar 2023
Signature of Authorized Representation	ve	Printe	ed Name & Title		Date
Type/Print Name of Registered Age	· · ·	, consent to	serve as the registe	ered agent on behalf of	the business entity.
By: C T Corporation Syst	em fathy A. abddon	Kathryn A	Widdoes- As	sistant Secretary	03/02/2023
Signature of Registered Agent	Printed	Name	Titl		Date