

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State

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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **TRACE MANAGEMENT, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Pennsylvania**.
5. The date of organization is **6/1/1999** and the period of duration is **perpetual**.

7. Principal Office

212 N. 2nd St. STE 100
Richmond, KY 40475

8. Required Representatives

Director	Helen Testa	212 N. 2nd St. STE 100	Richmond	KY	40475
Secretary	Daniel Testa	212 N. 2nd St. STE 100	Richmond	KY	40475
Officer	Helen Testa	212 N. 2nd St. STE 100	Richmond	KY	40475
Officer	Bryan Testa	212 N. 2nd St. STE 100	Richmond	KY	40475

9. Registered Agent/Office

Registered Agents Inc
212 N. 2nd St. STE 100
Richmond, KY 40475

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.

on Tuesday, September 12, 2023

As the Authorized Representative, I, **Robin Jones**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized signer**