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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/20/2024 2:36 PM Fee Receipt: \$90.00

mmoore ADD

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

Division of Business P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Filings		tificate of Authority eign Business Entity)	FBE
	ions of KRS 14A – 030 the und submits the following statement		ereby applies for authority to transact	business in Kentucky on behalf of the entity named below
1. The entity is a:	profit corporation		nonprofit corporation	professional limited liability company
	business trust	×	limited liability company	statutory trust
	limited partnership		Itd cooperative association	public benefit corporation

professional service corporation

other

non-profit llc 2. The name of the entity is <u>RCCB Transportation</u>, L.L.C.

(The name must be identical to the name on record with the Secretary of State.)

<ol> <li>The name of the entity to be used in Kentucky is (if applicable):(0</li> </ol>	nly provide if "real name" is unav	vailable for use: of	herwise, leave blank.)	
4. The state or country under whose law the entity is organized is Dela				
5. The date of organization is December 8, 2023	and the period of duration is	December 31, 2062		
•			n is considered perpetual.	
<ol><li>The mailing address of the entity's principal office is</li></ol>				
6250 N. River Road, Suite 9000	Rosemont	Illinois	60018	
Street Address	City	State	Zip Code	
7. The street address of the entity's registered office in Kentucky is				
306 W. Main Street, Suite 512	Frankfort	KY	40601	
Street Address (No P.O. Box Numbers)	City	Stat	te Zip Code	
and the name of the registered agent at that office is CT Corporatio	n System			
9. The names and husiness addresses of the estibute representatives (a	actatory officers and directors may	anana tautana ar	concret northogy);	

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Michael J. Manfred	6250 N. River Road, Suite 9000	Rosemont	Illinois	60018
Name	Street or P.O. Box	City	State	Zip Code
Kurt J. Roemer	6250 N. River Road, Suite 9000	Rosemont	Illinois	60018
Name	Street or P.O. Box	City	State	Zip Code
Nicholas L. Giampietro	6250 N. River Road, Suite 9000	Rosemont		60018
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed: X

13. This application will be effective upon filing. 9/19/2024 Nicholas L. Giampietro, Secretary Signature of Authorized Representative Printed Name & Title Date I, C T Corporation System , consent to serve as the registered agent on behalf of the business entity. Type/Print Name of Registered Agent 9/19/2024 Michele Miller Asst. Secretary By: ichele Printed Name Signature of Registered Agent Title Date