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Michael G. Adams Kentucky Secretary of State Received and Filed:

Received and Filed: 11/22/2022 10:48 AM Fee Receipt: \$90.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of (Foreign Busin			FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		for authority to transact	business in Kentucky on t	pehalf of the entity named below
business trust fimited like limited like limi		orporation illy company tive association al service corporation	professional limited liability company statutory trust other	
2. The name of the entity is Talagon (The	name must be identical to the name	on record with the Se	cretary of State.)	*
3. The name of the entity to be used in	Kentucky is (if applicable): (Only pr		unavailable for use; other	orwise, leave blank.)
4. The state or country under whose la 5. The date of organization is $05/21/2$	w the entity is organized is DE	and the period of durat	lon le	·
		_and the period of duran	(If left blank, duration	s considered perpetual.)
The mailing address of the entity's p 13900 Lincoln Park Drive, Suite		Herndon	VA	20171
Street Address		City	State	ZIp Code
7. The street address of the entity's reg	istered office in Kentucky is	Frankfort	KY	40601
306 W. Main Street, Suite 512 Street Address (No P.O. Box Number	/B)	City	State	Zip Code
and the name of the registered agent a	that office is National Registered	Agents, Inc.		
8. The names and business addresses	of the entity's representatives (secret	ary officers and director	s. managers, trustees or q	eneral partners):
Anthony L. Sabatino - Director, Presider			VA	20171
Name	Street or P.O. Box	City	State	Zip Code
William A Henry - Treasurer	13900 Lincoln Park Drive, Suite 300,	The state of the s	VA	20171 Zip Code
Name Mark B. Howell - VP, Secretary	Street or P.O. Box 13900 Lincoln Park Drive, Suite 300,	City Herndon	State VA	20171
Name	Street or P.O. Box	City	State	Zip Code
	all the individual shareholders, not les	s than one half (1/2) of the		
9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation. 10. I certify that, as of the date of filing.	ore states or territories of the United Stanta on.	ates or District of Columi	bia to render a professiona	I service described in the
and treasurer are licensed in one or mo statement of purposes of the corporation	ore states or territories of the United Ston. this application, the above-named entit	ates or District of Columl ly validly exists under the	bia to render a professiona e laws of the jurisdiction of	I service described in the
and tressurer are licensed in one or mostatement of purposes of the corporation. 10. I certify that, as of the date of filling	ore states or territories of the United Storn. this application, the above-named entities a limited liability limited partnership.	ates or District of Columl ly validly exists under the	bia to render a professiona e laws of the jurisdiction of	I service described in the
and tressurer are licensed in one or mostatement of purposes of the corporation. 10. I certify that, as of the date of filling. 11. If a limited partnership, it elects to be	ore states or territories of the United Ston. this application, the above-named entities a limited liability limited partnership. ck box if manager-managed:	ates or District of Columl ly validly exists under the	bia to render a professiona e laws of the jurisdiction of	I service described in the
and tressurer are licensed in one or mostatement of purposes of the corporation. 10. I certify that, as of the date of filling. 11. If a limited partnership, it elects to be the corporation of the date of filling.	ore states or territories of the United Ston. this application, the above-named entities a limited liability limited partnership. ck box if manager-managed:	ates or District of Columl ly validly exists under the	bia to render a professiona e laws of the jurisdiction of	its formation.
and tressurer are licensed in one or mostatement of purposes of the corporation. 10. I certify that, as of the date of filling. 11. If a limited partnership, it elects to be the limited liability company, check	ore states or territories of the United Ston. this application, the above-named entities a limited liability limited partnership. ck box if manager-managed:	ates or District of Columb by validly exists under the Check the box if applic	bia to render a professiona e laws of the jurisdiction of	its formation.
and treasurer are licensed in one or mostatement of purposes of the corporation. 10. I certify that, as of the date of filling. 11. If a limited partnership, it elects to be a limited liability company, check that a limited liability company. 3. This application will be effective up that a limited liability company.	this application, the above-named entities a limited liability limited partnership. Sk box if manager-managed: Mark	ly validly exists under the Check the box if applic B. Howell - VP, Secreta	e laws of the jurisdiction of able:	its formation.
and tressurer are licensed in one or mostatement of purposes of the corporation. 10. I certify that, as of the date of filling. 11. If a limited partnership, it elects to be a limited liability company, check that a limited liability company, check that a limited liability company.	this application, the above-named entities a limited liability limited partnership. Sk box if manager-managed: Mark	ly validly exists under the Check the box if applic B. Howell - VP, Secreta	bia to render a professiona e laws of the jurisdiction of	its formation.
and treasurer are licensed in one or mostatement of purposes of the corporation. 10. I certify that, as of the date of filling. 11. If a limited partnership, it elects to be a limited liability company, check that a limited liability company. 13. This application will be effective up a limited liability company. Signature of Authorized Representative.	this application, the above-named entities a limited liability limited partnership. Sk box if manager-managed: Mark	ly validly exists under the Check the box if applic B. Howell - VP, Secreta	e laws of the jurisdiction of able:	its formation.