

**COMMONWEALTH OF KENTUCKY** 

MICHAEL ADAMS, SECRETARY OF STATE

## 1214937.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/16/2022 11:30 AM Fee Receipt: \$90.00

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Auth (Foreign Business Entity				FBE
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and			ereby applies for aut	hority to transact bus	siness in Kentucky
business trus limited partne non-profit Ilc 2. The name of the entity is MANNA (	t (KRS 386). Iimited li ership (KRS 362). Itd coope (KRS 275) CAPITAL PARTNERS, LLC	it corporation (KRS 273) ability company (KRS 275) erative assn. (KRS) tive assn. (KRS)	professiona statutory tru unincorpora	al service corporatior al limited liability com ust ated association	
(The nar	ne must be identical to the name on r	record with the Secretary of S	State.)		
3. The name of the entity to be used in	(Only	provide if "real name" is una	vailable for use; other	wise, leave blank.)	 
4. The state or country under whose law the entity is organized is <u>DELAWARE</u>					
5. The date of organization is <u>06/22/2015</u> and the period of duration is (If left blank, duration is considered perpetual.)					
6. The mailing address of the entity's principal office is					
3309 Collins Lane		Louisville	KY	40245	
Street Address		City	State	Zip Code	
7. The street address of the entity's regi	stered office in Kentucky is				
421 West Main Street		Frankfort	KY	40601	
Street Address (No P.O. Box Numbers)		City	State	Zip Code	
and the name of the registered agent at	that office is Corporation Servic	e Company			
8. The names and business addresses			s, managers, trustee	s or general partners	):
Kevin R. Attkisson	3309 Collins Lane	Louiovillo	KY	40245	
Name	Street or P.O. Box	Louisville City	State	Zip Code	
Colleen Pecore	3309 Collins Lane	Louisville	KY	40245	
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 corporation, all the ind more states or territories of the United States or D</li></ol>	vidual shareholders, not less than one half district of Columbia to render a professional	f (1/2) of the directors, and all of the stateme	he officers other than the ent of purposes of the corr	secretary and treasurer a poration.	re licensed in one or
10. I certify that, as of the date of filing th					
11. If a limited partnership, it elects to be					
12. If a limited liability company, check					
13. This application will be effective upon The effective date or the delayed effective	n filing, unless a delayed effective of	date and/or time is provided the application is filed. The	d. e date and/or time is		
Please indicate the Kentucky county in whe County: Jefferson	nich your business operates:				
	To complete the fellowin	ng, please shade the box com	nletely		
		5.1			in one on monthles
Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees)	Women-Owned	r <b>any of the following make u</b> Veteran Owned	ip more than fifty perc	ent (50%) of your bus	iness ownersnip:
Please indicate which of the following be	st describes your business:				
Agriculture		Construction	A MARKET A MARK AN ANALYSIN		
Wholesale Trade		Finance, Insura	ance, Real Estate		
	portation, Communications, Electric, G	Sas, Sanitary Services			
Other Willip Perril	C	olleen Pecore, Chief Fin	ancial Officer	06/14 /2022	
Signature of Authorized Representative		Printed Name & Title		Date	
Corporation Service Company		consent to serve as the reg	nistered agent on hel		entity
Type/Print Name of Registered Agent	1	consent to serve as the reg	giotorea agent on ber		
By: Audrey Groom on behalf of C	Corporation	Service Company	Assistant S	ecretary	06/15/2022
Signature of Registered Agent	Printed Name		Title		Date

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANNA CAPITAL PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANNA CAPITAL PARTNERS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 203631274 Date: 06-08-22

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SR# 20222665735 You may verify this certificate online at corp.delaware.gov/authver.shtml