

**EXHIBIT B**

**Certificate of Authority to Transact Business in Kentucky**

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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**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 entity is a **limited liability company**.

2. The name of the entity is

**GW OPERATING, LLC**

3. The state or country under whose law the entity is organized is **Delaware**.

4. The date of organization is **10/7/2025** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**2342 Technology Drive, O'Fallon, MO 63368**

6. The name of the initial registered agent is

**Corporation Service Company**

and the street address of the entity's initial registered office in Kentucky is

**315 High Street, Frankfort, KY 40601**

7. The names and business addresses of the entity's representatives:

**Member**      GW Issuer 2026-1, LLC      2342 Technology Drive, O'Fallon, MO 63368

8. This entity is managed by **Members**.

9. This filing will be effective on **Wednesday, December 24, 2025**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Chief Financial Officer and Treasurer of GW Issuer 2026-1, LLC, Member: Craig Ceranna**

I, **Corinna Bialecki**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Wednesday, December 24, 2025.