

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

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 7/13/2023 8:43 AM

**FBE** 

Fee Receipt: \$90.00

Division of Business F	ilings
P.O. Box 718	370
Frankfort, KY 40602	
(502) 564-3490	
WANN SOS KY GOV	

### Certificate of Authority (Foreign Business Entity)

www.sos.ky.gov Pursuant to the provisions of KRS 14A - 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: X profit corporation 1. The entity is a: nonprofit corporation professional limited liability company business trust limited liability company statutory trust public benefit corporation limited partnership Itd cooperative association professional service corporation other non-profit IIc 2. The name of the entity is Magnite, Inc. (The name must be identical to the name on record with the Secretary of State.) 3. The name of the entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; otherwise, leave blank.) 4. The state or country under whose law the entity is organized is  $\overline{\mathrm{DE}}$ 5. The date of organization is 04-20-2007and the period of duration is perpetual (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 10001 1250 Broadway, 15th Floor New York NY Zip Code Street Address City State 7. The street address of the entity's registered office in Kentucky is Frankfort 40601 306 W. Main Street, Suite 512 Street Address (No P.O. Box Numbers) State Zip Code City and the name of the registered agent at that office is CTCorporation System 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners) See Attached Name Street or P.O. Box City State Zip Code Zip Code Name Street or P.O. Box City State City Zip Code Street or P.O. Box State Name 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: 13. This application will be effective upon filing July 1, 2023 | 8:50 AM EDT - Salt Aaron Saltz, Secretrary and CLO Printed Name & Title Date 88C622E764AC43F prized Representative

Denise Bell

Printed Name

, consent to serve as the registered agent on behalf of the business entity.

Assistant Secretary

Title

6/29/23

Date

L C T Corporation System

Signature of Registered Agent

Type/Print Name of Registered Agent

Lanise Bell

# Magnite, Inc Officers & Directors

Business address for all: 1250 Broadway, 15th Floor, New York, NY 10001

## Officers

Michael Barrett, CEO David Day, CFO Aaron Saltz, Secretary

#### **Directors**

Paul Caine
Michael Barrett
Robert Frankenburg
Sarah Harden
Rachel Lam
Robert Spillane
James Rossman
Doug Knopper
David Pearson
Diane Yu