

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

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 business entity is a **profit corporation**.
2. The name of the entity is: **KLD ASSOCIATES, INC.**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **New York**.
5. The date of organization is **3/2/1971** and the period of duration is **perpetual**.

**7. Principal Office**

8 MANOR ROAD  
SMITHTOWN, ny 11787

**8. Required Representatives**

<b>Officer</b>	WILLIAM R. MCSHANE	8 MANOR ROAD	SMITHTOWN	NY	11787
<b>Secretary</b>	STEVEN R. MAVROS	8 MANOR ROAD	SMITHTOWN	NY	11787

**9. Registered Agent/Office**

INCORPORATING SERVICES, LTD  
828 LANE ALLEN ROAD, STE 219  
LEXINGTON, KY 40504

I, **BEVERLY O. PORTER, ASST SEC.**, consent to sign for **INCORPORATING SERVICES, LTD** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, January 27, 2023

As the Authorized Representative, I, **WILLIAM R. MCSHANE**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **OFFICER**