

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/25/2023 10:42 AM Fee Receipt: \$90.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority

(Foreign Business Entity)

www.sos.ky.gov				
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the followin	· ·	applies for authority to transac	t business in Kentucky c	n behalf of the entity named below
The entity is a: profit corporation	on non	profit corporation	nrofessional lin	mited liability company
business trust		ed liability company	statutory trust	Titled liability company
limited partners		cooperative association	public benefit of	cornoration
non-profit llc		essional service corporation	other	orporation
· ·	·	essional service corporation	otnei	
2. The name of the entity is PRINTBUYER	me must be identical to the	name on record with the Co	paratamy of State \	
		e name on record with the Se	cretary of State.)	
3. The name of the entity to be used in Ke	entucky is (if applicable):	Only provide if "real name" is	s unavailable for uses o	thonwise leave blank)
4. The state or country under whose law t		only provide it real name is	s ullavaliable for use, o	merwise, leave blank.)
5. The date of organization is 9/22/2016	The entity is organized is ==_	and the period of dura	tion is pernetual	-
5. The date of organization is		and the period of dura		on is considered perpetual.)
6. The mailing address of the entity's prin	cipal office is		(comerca perpetuan,
1225 Los Angeles Street		Glendale,	CA	91204
Street Address		City	State	Zip Code
7. The street address of the entity's regist	ered office in Kentucky is			
828 Lane Allen Road Suite 219	•	Lexington	KY	40504
Street Address (No P.O. Box Numbers)		City	Sta	
and the name of the registered agent at th	at office is Registered Agent S	Solutions, Inc.		_
8. The names and business addresses of	the entity's representatives (secretary, officers and director	s, managers, trustees or	general partners):
See attached				
Name	street or P.O. Box	City	State	Zip Code
Name S	Street or P.O. Box	City	State	Zip Code
Name S	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation.				
10. I certify that, as of the date of filing this	s application, the above-name	ed entity validly exists under th	e laws of the jurisdiction	of its formation.
11. If a limited partnership, it elects to be a	a limited liability limited partne	ership. Check the box if applic	cable:	
12. If a limited liability company, check b	oox if manager-managed:	V		
13. This application will be effective upon	filing.			
Claire Ambrosio		Claire Ambrosio, VP o	f Legal	7/24/23
Signature of Authorized Representative		Printed Name & Title		Date
I, Registered Agent Solutions, Inc.		, consent to serve as the re	gistered agent on behalf	of the business entity.
Type/Print Name of Registered Agent				-
MAlayeNiels	Samantha	Niele	Assistant Secretary	7/24/2023
Signature of Registered Agent	Printed Na		Title	Date

8. The names and business addresses of the entity's representatives $% \left(1\right) =\left(1\right) \left(1\right)$

Bill Conrad, Manager	1225 Los Angeles Street, Glendale, CA 91204
FOUNTAIN PARENT LLC	1225 Los Angeles Street, Glendale, CA 91204
Chris Guinn, President	1225 Los Angeles Street, Glendale, CA 91204
Shaheen Javadizadeh, CEO	1225 Los Angeles Street, Glendale, CA 91204
Chris Lang, COO	1225 Los Angeles Street, Glendale, CA 91204
Richard F. Lawson, Jr.,	1225 Los Angeles Street, Glendale, CA 91204
Manager	
Steven Leistner, Manager	1225 Los Angeles Street, Glendale, CA 91204
Brian Markworth, CFO	1225 Los Angeles Street, Glendale, CA 91204
Neil White, Manager	1225 Los Angeles Street, Glendale, CA 91204
J. Steven Young, Manager	1225 Los Angeles Street, Glendale, CA 91204