

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
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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 business entity is a **profit corporation**.
2. The name of the entity is: **SAVEAROUND PARTNER SOLUTIONS INC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **New York**.
5. The date of organization is **7/1/2012** and the period of duration is **perpetual**.

7. Principal Office

30 Charles Street
Binghamton, NY 13905

8. Required Representatives

Officer	Luke Stanton	2 Stone Rd	Binghamton	NY	13903
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9. Registered Agent/Office

Registered Agents Inc
212 N 2nd St, STE 100
Richmond, KY 40475

I, **Registered Agents Inc**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, April 20, 2023

As the Authorized Representative, I, **Luke Stanton**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Owner**