

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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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 **profit corporation**.

2. The name of the entity is

STAGE ANALYTICS, INC.

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

4. The date of organization is **4/7/2017** and the period of duration is **perpetual**.

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

1490 Distribution Drive Ste 125, Suwanee, GA 30024

6. The name of the initial registered agent is

Incorp Services, Inc.

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

2085 Delano Drive Northeast, Lexington, KY 40504-3659

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

Director Patrick Brown 1490 Distribution Drive, Ste 125, Suwanee, GA
30024

8. This filing will be effective on **Thursday, December 12, 2024**.

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 **Director: Patrick Brown**

I, **Incorp Services, Inc.**, consent to sign for **Incorp Services, Inc.** who serves as the Registered Agent on behalf of this entity on Thursday, December 12, 2024.