

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/15/2022 1:55 PM 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)

 3. The name of the entity to be used in Kenture 4. The state or country under whose law the entity to be used in Kenture 5. The date of organization is 6/1/2006 	nonprofit collimited liabil ltd cooperat professiona must be identical to the name cky is (if applicable): (Only professional control of the name cky is (if applicable):	orporation ity company ive association I service corporation on record with the Secret	professional statutory true other	I limited liability company
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5. The date of organization is 6/1/2006	<u> </u>		available for use	otherwise, leave blank.)
5. The date of organization is 6/1/2006	entity is organized isDelaware	!		,,,,
		and the period of duration i		tion is considered perpetual.
The mailing address of the entity's principa	l office is	(1	ii leit bialik, dula	tion is considered perpetual.
1530 Morse Ave.		Elk Grove Village	IL	60007
Street Address		City	State	Zip Code
7. The street address of the entity's registered	d office in Kentucky is			
101 North Seventh Street		Louisville	KY	40202
Street Address (No P.O. Box Numbers)		City	S	State Zip Code
and the name of the registered agent at that o	ffice isUnited Agent Group Inc	C.		
8. The names and business addresses of the	entity's representatives (secreta	ry, officers and directors, m	anagers, trustees	or general partners):
			-	
EVIN KWILINSKI-Director/President/CEO Name Stree	1530 Morse Ave.	Elk Grove Village City	 State	60007 Zip Code
TANU BHATI-Secretary/Treasurer	1530 Morse Ave.	Elk Grove Village	IL	60007
Name Stree MATT SKILES-Assistant Secretary	et or P.O. Box 1530 Morse Ave.	City Elk Grove Village	State IL	Zip Code 60007
	et or P.O. Box	City	State	Zip Code
ABHISHEK KHANDELWAL-CFO 153	30 Morse Ave.	Elk Grove Village	IL	60007
9. If a professional service corporation, all the and treasurer are licensed in one or more state statement of purposes of the corporation.				
10. I certify that, as of the date of filing this app	olication, the above-named entity	validly exists under the lav	vs of the jurisdiction	on of its formation.
11. If a limited partnership, it elects to be a lim	ited 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	J .			
/s/ Tiffany Meeker	tiffa	any Meeker, Special S	ecretary	12/15/2022
Signature of Authorized Representative		Printed Name & Title		Date
United Agent Group Inc.	con	sent to serve as the registe	red agent on beha	alf of the business entity
Type/Print Name of Registered Agent		com to conto do trio registe	. sa agoin on bone	c. the backlood chary.
/s/ Tiffany Meeker	Tiffany Meek	ar Sn	ecial Secretary	/ 12/15/202
Signature of Registered Agent	Printed Name	Title	-	Date