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**

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of

1. The business entity is a **limited liability company.** 

2. The name of the entity is: QUATTRO CONSULTING LLC

3. The name of the entity to be used in Kentucky is (if applicable): N/A

the entity named below and, for that purpose, submits the following statements.

4. The state or country whose law the entity is organized is **Delaware**.

5. The date of organization is 7/2/2014 and the period of duration is perpetual.

6. This entity is managed by Managers

7. Principal Office		NSE A			
908 10th Street NE				4	
Washington, DC 20002		Y KIA A			
8. Required Represer	tatives				
Manager	Matthew Green	908 10th Street NE	Washington	DC	20002
9. Registered Agent/C	Office			Y //	
InCorp Services, Inc.		VIDE	ANS.	. //	

828 Lane Allen Road Ste 219 Lexington, KY 40504-3659

I, Taylor Santizo on behalf of InCorp Services, Inc., consent to sign for InCorp Services, Inc. who serves as the **Registered Agent** on behalf of this Entity. on Wednesday, July 19, 2023

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

1295611 1295611 Michael G. /..... KY Secretary of State Received and Filed

7/19/2023 5:58:22 PM Fee receipt: \$90.00

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