

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 10/14/2024 12:44 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		icate of Authority n Business Entity)	1	FBE
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the followi		by applies for authority to transa	ct business in Kentucky on be	ehalf of the entity named below
1. The entity is a: profit corpora business trus limited partne non-profit lic 2. The name of the entity is	orship lir PI Exchange (onprofit corporation nited liability company d cooperative association refessional service corporation OY P. the name on record with the S	professional limited statutory trust public benefit corp other	
3. The name of the entity to be used in I	Kentucky is (if applicable):	(Only provide if "real name"	ls unavailable for use; othe	rwise, leave blank.)
 4. The state or country under whose law 5. The date of organization isO3/ 6. The mailing address of the entity's pr 	106 1998	Nevadaand the period of dura	ation is	considered perpetual.)
20 5 Santa Cruz A		4 Los Gatos	<u>CA</u>	95030
Street Address		City	State	Zip Code
 The street address of the entity's regit West Main Street 	istered office in Kentucky Is	Frankfort	KY	40601
Street Address (No P.O. Box Numbers	s)	City	State	Zip Code
and the name of the registered agent at	that office is Corporation	Service Company		
8. The names and business addresses			ors. managers, trustees or ge	neral partners):
M/CA	20 S. Santa Cruz	Ave#304 Los Gate	~ 04	95030
Name	Street or P.O. Box	City	State	Zip Code
Rochelle Stone	20 S. Santa (ru:	LAVE#304 LOSGA	tos CA	95030
p. Name	Street or P.O. Box	City	State	Zip Code
ergjessica Jerbel	205. Santa Cruz Street or P.O. Box	11Ve=309 LOS C1a	rtos <u>CA</u> State	<u>95030</u> Zip Code
If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation.	all the individual shareholde re states or territories of the	rs, not less than one half (1/2) of	f the directors, and all of the c	fficers other than the secretary
10. I certify that, as of the date of filing t			_	ts formation.
11. If a limited partnership, it elects to be	e a limited liability limited pa	rtnership. Check the box if app	licable:	
12. If a limited liability company, check	k box if manager-managed	: 		
13. This application will be effective upo	on filling.	Kayvan Khatami,	President	10/01
Signature of Authorized Representative		Printed Name & Tit		1 9 124 Date
I, Corporation Service Company Type/Print Name of Registered Agent	y	, consent to serve as the	registered agent on behalf of	the business entity.
Open and I at an	Corn	oration Service Company	Assistant Secretar	y 10/11/2024
Signature of Registered Agent		d Name	Title	Date

FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

NUMBER OF COPIES

If filling via mail or in person, one exact or conformed copy of the documents with the filling fee must be submitted to the address below. To make a copy of the filling for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Secretary of State P.O. Box 718

Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.