



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A - 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: [X] profit corporation, [] nonprofit corporation, [] professional limited liability company, [] business trust, [] limited liability company, [] statutory trust, [] limited partnership, [] ltd cooperative association, [] other, [] non-profit llc, [] professional service corporation

2. The name of the entity is Quantiphi, Inc.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is December 05, 2013 and the period of duration is
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
33 Boston Post Road West STE 600 Marlborough Massachusetts 01752
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512 Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is National Registered Agents, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):
Table with 5 columns: Name, Street or P.O. Box, City, State, Zip Code. Rows include 'Seperately attached' and 'Seperately attached'.

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited 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.

DocuSigned by: [Signature]
Asif Hasan, President 01/19/2023
Signature of Authorized Representative Printed Name & Title Date

I, National Registered Agents, Inc., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Jessica Cator Assistant Secretary 01/19/2023
Signature of Registered Agent Printed Name Title Date



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**Statement of Consent of Registered Agent
 (Domestic or Foreign Business Entity)**

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is a corporation (KRS 271B, KRS 273 or KRS 274)
 a limited liability company (KRS 275)
 a limited partnership (KRS 362)
 a limited liability partnership (KRS 362)
 a business trust (KRS 386)

2. The name of the business entity is QUANTIPHI, INC.

3. The state or country of incorporation, organization or formation is DELAWARE

4. The name of the initial registered agent is National Registered Agents, Inc.

5. The street address of the registered office address in Kentucky is:

<u>306 W. Main Street, Suite 512</u>	<u>Frankfort</u>	<u>KY</u>	<u>40601</u>
Street Address (No Post Office Box Number)	City	State	Zip Code

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

National Registered Agents, Inc.

By: <u>Jessica Cator</u>	<u>Jessica Cator</u>	<u>Assistant Secretary</u>
Signature of Registered Agent	Printed Name	Title

Names and addresses of all officers and directors

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Asif Hasan	33 Boston Post Road West STE 600	Marlborough	Massachusetts	01752
Secretary	Asif Hasan	33 Boston Post Road West STE 600	Marlborough	Massachusetts	01752
Treasurer	Asif Hasan	33 Boston Post Road West STE 600	Marlborough	Massachusetts	01752
Director	Asif Hasan	71 Little Pond Road	Northborough	Massachusetts	01532
Director	Vivek Khemani	S-2 106 Sunder Nagar Malad West	Mumbai	Maharashtra, India	400064
Director	Ritesh Patel	A/901, Raj Residency - 1, Mahavir Nagar Kandivali West	Mumbai	Maharashtra, India	400067
Director	Reghupathi Hariharan	20 Kershaw LN, Belle Mead	New Jersey	New Jersey	08502-4310
Director	Renuka Ramnath	D 4701/02, D Wing, Ashok Towers, Dr. S S Road, Parel	Mumbai	Maharashtra, India	400012
Director	Jeroen Tas	Leeuwen, Herengracht 329	Amsterdam	Netherlands	1016 AW

DocuSigned by:



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