

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

**Certificate of Authority** 

(Foreign Business Entity)

1277519.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/26/2023 2:34 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

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: 🗙 profit corporation		nonprofit corporation	professior	nal limited liability company
	business trust	limited liability company	statutory t	rust
	limited partnership	Itd cooperative association	public ber	nefit corporation
	non-profit IIc	professional service corporati	ion other	
2 The name of the e	ntity is Guarantr, Inc.			
	(The name must be id	entical to the name on record with th	ne Secretary of State.)	
3. The name of the e	ntity to be used in Kentucky is (if app	blicable):	no" is unavailable for us	se; otherwise, leave blank.)
4 The state or count	ry under whose law the entity is orga			se, otherwise, leave blank.)
	zation is $10/16/2014$	and the period of	duration is	
5. The date of organiz		and the period of		ration is considered perpetual.)
6. The mailing addre	ss of the entity's principal office is		(,	
One World Trade	Center, Suite 77D	New York	NY	10007
Street Address		City	State	Zip Code
7. The street address	s of the entity's registered office in Ke	entucky is		
306 W. Main Stree		Frankfort	KY	40601
Street Address (No		City		State Zip Code
and the name of the	registered agent at that office is $\underline{C}$	Γ Corporation System		
		resentatives (secretary, officers and di	rectors managers truste	es or general partners).
8. The names and bi	Isiness addresses of the entity's rep	resentatives (secretary, oncers and di	lectors, managers, truste	es or general partiers).
See Attached				
Name	Street or P.O. B	ox City	State	Zip Code
Name	Street or P.O. B	ox City	State	Zip Code
Name	Street or P.O. B	lox City	State	Zip Code
9. If a professional se and treasurer are lice statement of purpose	ensed in one or more states or territo	hareholders, not less than one half (1/ ries of the United States or District of C	2) of the directors, and all Columbia to render a prof	l of the officers other than the secretary essional service described in the
10. I certify that, as o	f the date of filing this application, th	e above-named entity validly exists un	der the laws of the jurisdi	ction of its formation.
11. If a limited partne	ership, 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:

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13. This application will be effective upon filing.

Jee Don	JOE DAVIS, SEC	RETARY 04/24	4/2023	
Signature of Authorized Representative	Printed Nam	e & Title	Date	
C T Corporation System	, consent to serve a	as the registered agent on behalf of	the business entity.	
C T Corporation System By:	SEAN L. EMERICK	ASSISTANT SECRET	CARY 04/24/2023	
Signature of Registered Agent Sur Carm	Printed Name	Title	Date	

## Attachment for Officer's and Director's: Guarantr, Inc.

Officer's and Director's Address: One World Trade Center, Suite 77D, New York, NY 10007

Name	Title	
Julien Bonneville	President/CEO	
Jack Allman	Treasurer	
John Doyle	Secretary	
Julien Bonneville	Director	
Adam Felesky	Director	
Eric Martineau Fortin	Director	
Christopher Mcghee	Director	
Win Bear	Director	
Rodolphe Menegaux	Director	
Soheil Mirpour	Director	
Andrew Zeller	Director	