

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/9/2023 9:14 AM 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)

Pursuant to the provisions of KRS 14A – 03 and, for that purpose, submits the following		applies for authority to tra	nsact business in Kentucky o	n behalf of the entity named belo	
1. The entity is a:		orofit corporation ed liability company ooperative association	professional lir statutory trust other	nited liability company	
non-profit llc 2. The name of the entity is MarketSparl	profek Sub Inc.	essional service corporati	on		
(The name	e must be identical to the	name on record with th	ne Secretary of State.)	·	
3. The name of the entity to be used in Ken	(C	Only provide if "real nam	ne" is unavailable for use; o	therwise, leave blank.)	
4. The state or country under whose law the	e entity is organized is Del	aware			
5. The date of organization is 2/24/2023		and the period of	and the period of duration is (If left blank, duration is considered perpetual.)		
6. The mailing address of the entity's princip 750 B St Suite 1630	pal office is	San Diego	CA	92101	
Street Address		City	State	Zip Code	
7. The street address of the entity's register 828 Lane Allen Rd Ste 219	ed office in Kentucky is	Lexington	KY	40504	
Street Address (No P.O. Box Numbers)		City	Sta	te Zip Code	
and the name of the registered agent at that	office is Capitol Corpo	rate Services, Inc.	 		
8. The names and business addresses of the			ectors, managers, trustees or	general partners):	
Please see attached.					
	eet or P.O. Box	City	State	Zip Code	
Name Str	eet or P.O. Box	City	State	Zip Code	
Name Str	eet or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, all the and treasurer are licensed in one or more st statement of purposes of the corporation.					
10. I certify that, as of the date of filing this a	ipplication, the above-namε	ed entity validly exists und	ler the laws of the jurisdiction	of its formation.	
11. If a limited partnership, it elects to be a li	imited liability limited partne	ership. Check the box if a	applicable:		
12. If a limited liability company, check bo	x if manager-managed: [
13. This application will be effective upon fili	ng.				
Oosoph P. Kalinosk	i. L	Joseph P. Kalinoski, C	Chief Financial Officer	05/02/23	
Joseph P. Kalinoski Signature of Authorized Representative		Printed Name &		Date	
I, Capitol Corporate Services, Inc. Type/Print Name of Registered Agent		, consent to serve as th	ne registered agent on behalf	of the business entity.	
	Danida	Tadlade	Applications (O a second	05/00/00	
Signature of Registered Agent	David Printed Na	Tadlock	Assistant Secretary Title	05/03/23 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 filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing 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 154, 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.

Kentucky Foreign Qualification Application - Addendum

Corporation Name - MarketSpark Sub Inc.

(Continuation of Question 8)

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Directors

Schmuel Jonas

Jeff Gower

Kenneth Goldie

Daniel Klein

Officers

Jeff Gower, Chief Executive Officer

Joseph P. Kalinoski, Chief Financial Officer

Patrick Burns, Chief Operating Officer

All officers and directors are at the following address:

750 B St, Suite 1630, San Diego, CA 92101