

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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**.

2. The name of the entity is

**WILLIAM H. SADLIER, INC.**

3. The state or country under whose law the entity is organized is **New York**.

4. The date of organization is **1/1/1832** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**25 Broadway 14th Floor, NEW YORK, NY 10004**

6. The name of the initial registered agent is

**CCS Global Solutions, Inc.**

and the street address of the entity's initial registered office in Kentucky is

**421 West Main St, Frankfort, KY 40601**

7. The names and business addresses of the entity's representatives:

<b>Officer</b>	Michelle Rincon	25 Broadway, 14th Floor, NEW YORK, NY 10004
<b>Officer</b>	Theresa Thompson	25 Broadway, 14th Floor, NEW YORK, NY 10004
<b>Officer</b>	Thomas M Allen	25 Broadway, 14th Floor, NEW YORK, NY 10004

8. This filing will be effective on **Thursday, April 10, 2025**.

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

Signature of individual signing on behalf of **Vice President, Finance: Michelle Rincon**

I, **Michelle Rincon**, consent to sign for **CCS Global Solutions, Inc.** who serves as the Registered Agent on behalf of this entity on Thursday, April 10, 2025.