

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 3/4/2024 1:19 PM

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Fee Receipt: \$90.00

Division of Business Filings

Certificate of Authority P.O. Box 718 (Foreign Business Entity) Frankfort, KY 40602 (502) 564-3490 www.sos.kv.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 professional limited liability company business trust limited liability company statutory trust limited partnership Itd cooperative association public benefit corporation non-profit lic professional service corporation other GMG ELECTRONIC CONSULTANTS CORP 2. The name of the entity is (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 NEW YORK 5. The date of organization is 01/19/2011 and the period of duration is (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 105 Avenue U Brooklyn NΥ Street Address City State Zip Code 7. The street address of the entity's registered office in Kentucky is 828 Lane Allen Road Suite 219 Lexington Street Address (No P.O. Box Numbers) City State Zip Code and the name of the registered agent at that office is Registered Agent Solutions, Inc. 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): George Badr, CEO AND DIRECTOR 105 Avenue U Brooklyn Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code 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. George Badr George Badr, CFO Signature of Authorized Representative Printed Name & Title I, REGISTERED AGENT SERVICES, INC. consent to serve as the registered agent on behalf of the business entity. Type/Print Name of Registered Agent 02/23/2024 JOSE MOJICA ASST SECY

Printed Name

Title

Date

Signature of Registered Agent