

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
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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

Puttshack Payroll Services, Inc.

3. The name of the entity to be used in Kentucky is

Puttshack Payroll Services, Inc.

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

5. The date of organization is **12/8/2020** and the period of duration is **perpetual**.

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

303 W Erie St Ste 600, Chicago, IL 60654

7. The street address of the entity's registered office in Kentucky is

828 Lane Allen Rd Ste 219, Lexington, KY 40504

and the name of the registered agent at that office is **Cogency Global Inc.**

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

Registered Agent	Cogency Global Inc.	828 Lane Allen Rd Ste 219	Lexington	KY	40504
Authorized Rep	K Thompson	161 N Clark St Ste 2700	Chicago	IL	60601
Officer	Joseph Vrankin	303 W Erie St Ste 600	Chicago	IL	60654

9. This application will be effective on **Wednesday, April 24, 2024**.

As the Authorized Representative, I, **K Thompson**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **Christina Marasigan**, consent to sign for **Cogency Global Inc.** who serves as the **Registered Agent** on behalf of this profit corporation company.