

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1276123.09

mmoore ADD

Michael G. Adams Kentucky Secretary of State

Received and Filed: 4/20/2023 10:47 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 (Foreign Busine			FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		or authority to transact busine	ss in Kentucky on b	ehalf of the entity named below
1. The entity is a: profit corporation nonprofit c		poration	professional limited liability company	
business trus	st limited liabilit	limited liability company statutory trust		
limited partne	ership Ltd cooperativ	Itd cooperative association public benefit corporation		oration
non-profit lic	professional	service corporation	other	
2. The name of the entity is	С	onnexin Software, Inc.		
(The	name must be identical to the name o	on record with the Secretary	of State.)	
3. The name of the entity to be used in	(Only pro	vide if "real name" is unava		rwise, leave blank.)
4. The state or country under whose law	414010040		laware	odual ,
5. The date of organization is	4/12/2016 _ε	and the period of duration is		etual considered perpetual.)
6. The mailing address of the entity's pr		(11.10		
602 West Office Cer		Fort Washington	PA	19034
Street Address		City	State	Zip Code
7. The street address of the entity's reg				40504
828 Lane Allen Street Address (No P.O. Box Number		Lexington City	KY State	40504 Zip Code
·	•			Zip Code
and the name of the registered agent at		Cogency Glo		·
8. The names and business addresses	of the entity's representatives (secretary	y, officers and directors, mana	igers, trustees or gei	neral partners):
Stacy Kilgore	602 West Office Center Drive	Fort Washington	PA	19034
Name	Street or P.O. Box	City	State	Zip Code
Kraig Brown	602 West Office Center Drive	Fort Washington	PA PA	19034
Name	Street or P.O. Box	Charlette	State NC	Zip Code 28202
R Scott Glass	150 N College Street Street or P.O. Box	City Charlotte	State	Zip Code
If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation	re states or territories of the United State	than one half (1/2) of the directes or District of Columbia to re	ctors, and all of the o ender a professional	fficers other than the secretary service described in the
10. I certify that, as of the date of filing to		_	_	s formation.
11. If a limited partnership, it elects to be	_	Check the box if applicable: L	_	
12. If a limited liability company, check	cox ir manager-managed:			
13. This application will be effective upo DocuSigned by:	n filing.		. •	
Stacy kilagre		Stacy Kilgore, CFO	Aprı	1 19, 2023 4:03 PM ED
Signature 186 Authorized Representative		Printed Name & Title		Date
I, Cogency Gl Type/Print Name of Registered Agent Ulrust Larun	obal Inc. , cons	sent to serve as the registered	agent on behalf of t	he business entity. 4/19/2023
Signature of Registered Agent ()	Printed Name	Title		Date