



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 2/1/2023 3:55 PM
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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 – 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 ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is CEDAR CARES, INC.

(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 DELAWARE

5. The date of organization is 04/27/2016 and the period of duration is PERPETUAL

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
32 Avenue of the Americas, 18th Floor

Street Address

New York

City

NY

State

10013

Zip Code

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

306 W. Main Street, Suite 512,

Street Address (No P.O. Box Numbers)

Frankfort

City

KY

State

40601

Zip Code

and the name of the registered agent at that office is C T Corporation System

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

See Attached Schedule A

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.

DocuSigned by:

Vanessa Gage General Counsel January 31, 2023 | 5:47 PM EST

Signature of Authorized Representative

Printed Name & Title

Date

I, C T Corporation System,

Type/Print Name of Registered Agent

C T Corporation System,

By:

Lisa DuBois

Printed Name

Assist. Sec.

Title

01/30/2023

Date

SCHEDULE A:

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

Business Address:

Cedar Cares, Inc.
32 Avenue of the Americas, 18th Floor
New York, NY 10013

Officers:

Florian Otto
Chief Executive Officer

Seth Cohen
President

Liz Ratto
Chief People Officer

Krishna Rao
Chief Financial Officer & Treasurer

Niren Gandra
Chief Strategy Officer

Aaron Zollman
Chief Information Security Officer

Vanessa Gage
General Counsel & Secretary

Board of Directors:

Florian Otto
Arel Lidow
Scott Kuper
Kareem Zaki
Penny Wheeler
Seth Cohen
Wasif Rasheed