

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/25/2023 10:21 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 Authority

(Foreign Business Entity)

www.sos.ky.gov				
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the following		by applies for authority to transact	t business in Kentucky on bo	ehalf of the entity named below
1. The entity is a: profit corporat		nonprofit corporation	professional limite	d liability company
business trust		mited liability company	statutory trust	
limited partner non-profit lic	· —	d cooperative association professional service corporation	public benefit corp	oration
'	'	orolessional service corporation	Other	
2. The name of the entity is Sunrise Holder (The n	ame must be identical to	the name on record with the Se	cretary of State.)	·
3. The name of the entity to be used in K			,,	
5. The hame of the entity to be used in N	endoky is (ii applicable)	(Only provide if "real name" is	unavailable for use; other	wise, leave blank.)
4. The state or country under whose law	the entity is organized is_D	elaware	· · · · · · · · · · · · · · · · · · ·	
5. The date of organization is 8/26/2022		and the period of durat		 :,
6. The mailing address of the entity's prin	ncipal office is		(If left blank, duration is	considered perpetual.)
500 7th Ave Floor 8	ioipai oilloo io	NY	NY	10018
Street Address		City	State	Zip Code
7. The street address of the entity's regis	stered office in Kentucky is			
421 West Main Street		Frankfort	KY	40601
Street Address (No P.O. Box Numbers		City	State	Zip Code
and the name of the registered agent at t	hat office is Corporation Ser	vice Company		·
8. The names and business addresses of	of the entity's representative	es (secretary, officers and directors	s, managers, trustees or ger	neral partners):
See attached list				
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 and treasurer are licensed in one or more statement of purposes of the corporation.	e states or territories of the			
10. I certify that, as of the date of filing th	s application, the above-na	amed entity validly exists under the	e laws of the jurisdiction of it	s formation.
11. If a limited partnership, it elects to be	a limited liability limited pa	rtnership. Check the box if applica	able:	
12. If a limited liability company, check	box if manager-managed	: 🗆		
13. This application will be effective upon	filing.	Katharina Malina Pawall CEO	7/6/2022	
Signature of Authorized Representative		Katherine Molina-Powell, CFO Printed Name & Title	7/6/2023	Date
3 7,552 27755555555				
L Corporation Service Company		consent to serve as the rec	gistered agent on behalf of th	ne husiness entity
Type/Print Name of Registered Agent		, consont to corve do the reg	agom on bondin of th	.s addition office.
Dry Cica Tarrant-Wilson		rant-Wilson	Assistant Secretary	08/24/2023
By: Signature of Registered Agent	Printed	oration Service Company	Title	

Sunrise Holdco, Inc

Officers and Board Members

Ky application

Name	Position	Business Address	Residence Address
Reggie Bicha	President	500 7th Ave NY, NY 10018	9449 East 52nd Ave Denver, CO 80238
Henry Wilde	CEO	500 7th Ave NY, NY 10018	1938 Rowley Ave Madison, WI 53726
Melissa Polaner	Secretary	500 7th Ave NY, NY 10018	192 Christopher St Montclair, NJ 07042
Katherine Molina-Powell	Treasurer	500 7th Ave NY, NY 10018	22 Maltbie Ave Stanford, Ct 06902
Tonika Cheek Clatyon	Board Member	6807 Meadow Rd Dallas, Tx 75230	500 7th Ave NY, NY 10018
Scott Miller	Board Member	8 Sound Shore Drive Greenwich, CT 06830	500 7th Ave NY, NY 10018
Aarthi Sowirajan	Board Member	55 East 52nd Street New York, NY 10022	500 7th Ave NY, NY 10018
Mora Segal	Board Member	500 7th Ave NY, NY 10018	500 7th Ave NY, NY 10018
Katherine Hersch	Board Member	201 Mission Street Suite 2350 San Francisco, Ca 94105	500 7th Ave NY, NY 10018
Ginny Norton	Board Member	500 7th Ave NY, NY 10018	500 7th Ave NY, NY 10018
Paul Braude	Board Member	55 East 52nd Street NY, NY 10018	500 7th Ave NY, NY 10018

FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

NUMBER OF CODIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.