

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

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 business entity is a **limited liability company**.
2. The name of the entity is: **INFORMA TECH LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **5/14/2019** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

85 Second Street, Ste. 500
San Francisco, CA 94105

8. Required Representatives

Manager	Brian Vasandani	605 3rd Avenue, 22nd FL	New York	NY	10158
Manager	Sheikh Shaghaf	605 3rd Avenue, 22nd FL	New York	NY	10158
Manager	Gary Nugent	605 3rd Avenue, 22nd FL	New York	NY	10158

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Elizabeth R. Konieczny**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, February 17, 2023

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