



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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ASN

Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
Business Filings
 PO Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Certificate of Assumed Name
 (Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Sophos Payment Resources

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: LEAF Capital Funding, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

☐ a Domestic General Partnership

☐ a Foreign General Partnership

☐ a Domestic Limited Liability Partnership

☐ a Foreign Limited Liability Partnership

☐ a Domestic Limited Partnership

☐ a Foreign Limited Partnership

☐ a Domestic Business Trust

☐ a Foreign Business Trust

☐ a Domestic Corporation

☐ a Foreign Corporation

☐ a Domestic Limited Liability Company

☒ a Foreign Limited Liability Company

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
 (Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Delaware

6. The mailing address is:

110 S. Poplar Street, Suite 101

Wilmington

DE

19801

Street Address or Post Office Box Numbers

City

State

Zip

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

[Signature] Michael G. Adams Sup. Asst. General Counsel
 Authorized Party Signature Printed Name Title Date

6-15-23