

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: **BONSAI DATA SOLUTIONS, LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **1/8/2020** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

122 N Wheaton Ave #1174
Wheaton, IL 60187

8. Required Representatives

Manager	John Krebsbach	122 N Wheaton Ave #1174	Wheaton	IL	60187
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9. Registered Agent/Office

LEGALINC CORPORATE SERVICES INC.
9900 Corporate Campus Drive
Suite 3000
Louisville, KY 40223

I, **Tyler Bishop**, consent to sign for **LEGALINC CORPORATE SERVICES INC.** who serves as the **Registered Agent** on behalf of this Entity.
on Sunday, January 1, 2023

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