

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1385639.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/9/2024 1:50 PM 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 follow | u – 030 the undersigned hereby applies f wing statements: | for authority to transac | t business in Kentucky on be | ehalf of the entity named below | |
| The entity is a: | ration nonprofit co | nonprofit corporation | | nrefessional limited liability company | |
| business tru | | limited liability company | | professional limited liability company statutory trust | |
| limited partr | | ve association | public benefit corp | oration | |
| non-profit like | · | service corporation | other | oration | |
| EININ D | ARTNERS, INC. | | | | |
| 2. The harne of the chilly is | name must be identical to the name | on record with the Se | ecretary of State.) | : | |
| 3. The name of the entity to be used in | | | | | |
| The state or country under whose la | (Only pro | | s unavailable for use; other | wise, leave blank.) | |
| 5. The date of organization is 12/0 | 16/109/ | and the period of durat | tion is | | |
| | | | (If left blank, duration is | considered perpetual.) | |
| The mailing address of the entity's p 1675 BROADWAY, 10TH | | NEW YORK | NY | 10019 | |
| Street Address | FLOOR | City | | Zip Code | |
| 7. The street address of the entity's re | gistered office in Kentucky is | • | | • | |
| 421 West Main Street | gistered office in Neritacky is | Frankfort | KY | 40601 | |
| Street Address (No P.O. Box Numbe | rs) | City | State | Zip Code | |
| and the name of the registered agent a | t that office is Corporation Service | Company | | | |
| | s of the entity's representatives (secretar | | s managers trustees or ger | neral partners). | |
| | 1675 BROADWAY, 10TH FLOOR | NEW YORK | | | |
| Martin Ettlemyer Name | Street or P.O. Box | City | <u>NY</u> State | 10019 Zip Code | |
| Peter Finn | 1675 BROADWAY, 10TH FLOOR | | NY | 10019 | |
| Name | Street or P.O. Box | City | State | Zip Code | |
| Name | Street or P.O. Box | City | State | Zip Code | |
| and treasurer are licensed in one or mo statement of purposes of the corporation | | es or District of Colum | bia to render a professional s | service described in the | |
| | this application, the above-named entity | - | _ | s formation. | |
| 11. If a limited partnership, it elects to be | pe a limited liability limited partnership. | Check the box if applic | cable: L_ | | |
| 12. If a limited liability company, chec | k box if manager-managed: | | | | |
| 13. This application will be effective upon | on filing. | | | | |
| | Marti | in Ettlemyer, CF | O 7/31/202 | 24 | |
| Signature of Authorized Representative | | Printed Name & Title | | Date | |
| , Corporation Service Compan Type/Print Name of Registered Agent | <u>V</u> , cons | , consent to serve as the registered agent on behalf of the business entity. | | | |
| Stephen Chandle | Stephen Cha | andler | A | 0/0/24 | |
| Signature of Registered Agent | Printed Name | | Assistant Secretar | <u>ry 8/9/24</u> Date | |
| | | | | | |

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 COPIES

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.