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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/10/2025 11:34 AM Fee Receipt: \$20.00

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name ASN (Domestic or Foreign Business Entity)			
following statement: Cerity	S 365, the undersigned applies to a Partners Retirement Plan Consultants	assume a name and, for that p	ourpose, submits the	
1. The assumed name is:				
2. The name of the business en	tity (and in the case of general parts	nership, the partners) that is/a	re adopting the assumed	
name:				
Cerity Partners Retirement Plan Ad				
Name must be identical to the nar	ne on record with the Secretary of S	tate.)		
3. The "real name" is (you must c			taarahia	
a Domestic General Partnership		•	a Foreign General Partnership a Foreign Limited Liability Partnership	
a Domestic Limited Liability Partnership		a Foreign Limited Partnership		
a Domestic Limited Partnership		a Foreign Business Trust		
a Domestic Business Trust		a Foreign Corporation		
a Domestic Corporation		X a Foreign Limited Liability Company		
a Domestic Limited Liability Company		a Foreign Statutory Trust		
a Domestic Statutory Trust		a Foreign Limited Cooperative Association		
a Domestic Limited Cooperative Association a Domestic Unincorporated Non-profit Association		a Foreign Unincorporated Non-profit Association		
a Domestic Uninc	orporated Non-profit Association	a Foreign Onlineorpore		
4. The business is organized ar	nd existing in the state or country of	Delaware		
5. The mailing address is:				
99 Park Ave 16th Floor	New York	New York	10016	
Street Address or Post Office Box	x Numbers Ci	ty State	Zip	
I declare under penalty of perjur	y under the laws of Kentucky that the laws of Kentucky that the laws of Kentucky that the seco	Authorized Signatory	1/13/2025	
Authorized Party Signature	Printed Name	Title	Date	