

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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 **profit corporation**.
2. The name of the entity is: **SYNCADD SYSTEMS, INC.**
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 **Hawaii**.
5. The date of organization is **10/4/1985** and the period of duration is **perpetual**.

**7. Principal Office**

677 Ala Moana Blvd., Suite 901  
Honolulu, HI 96813

**8. Required Representatives**

<b>Officer</b>	Irene N. Motonaga	677 Ala Moana Blvd., Suite 901	Honolulu	HI	96813
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**9. Registered Agent/Office**

Alvin T. Yoshioka  
677 Ala Moana Blvd., Suite 901  
Honolulu, KY 40602

I, **Alvin T. Yoshioka**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Tuesday, February 28, 2023

As the Authorized Representative, I, **Irene N. Motonaga**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**