Division of Business Filings

P.O. Box 718

Frankfort, KY 40602 (502) 564-3490



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1401745.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/15/2024 2:23 PM Fee Receipt: \$90.00

Certificate of Authority

(Foreign Business Entity)

FBE

www.sos.ky.gov						
	ons of KRS 14A – 030 the unde		for authority to transact bu	usiness in Kentucky	on behalf of the entity named belo	
1. The entity is a:	profit corporation	nonprofit co	nonprofit corporation		professional limited liability company	
c.i.i.y ic a.	business trust		limited liability company		statutory trust	
	limited partnership		perative association public benefit corporation			
	non-profit IIc	V	professional service corporation		other	
The name of the entity is Siena Merger Sub LLC		1 *0125041 (CADA: 1755) WASSISS	nai service corporation			
2. The name of the ent	(The name must be	identical to the name	on record with the Secre	etary of State)	·	
0 The of the			on 100014 man and 00014	omiy or omior,		
3. The name of the en	tity to be used in Kentucky is (if a		ovide if "real name" is ur	navailable for use:	otherwise, leave blank.)	
4. The state or country	under whose law the entity is or		Trao ii Tour Tuino To ui		tillot into, touto blanki,	
5. The date of organiza	tion is 8/20/2024	94204.10	and the period of duration	is Perpetual		
o. The date of organiza			and the period of datation	(If left blank, duration	on is considered perpetual.)	
	s of the entity's principal office is		- 2			
222 Berkeley Street	, 5th Floor		Boston	MA	02116	
Street Address			City	State	Zip Code	
	of the entity's registered office in	Kentucky is				
306 W. Main Street, Suite 512			Frankfort	KY	40601	
Street Address (No P.	O. Box Numbers)		City	Sta	ate Zip Code	
and the name of the re	gistered agent at that office is _	T Corporation Syst	em			
8 The names and bus	iness addresses of the entity's re	enresentatives (secreta	v officers and directors r	managers trustees o	r general partners):	
			12-2			
Paul Liberman 222 Berkeley Street, 5			Boston	MA MA	02116	
Name	Street or P.O.	The Part of English Control of the C	City	State	Zip Code	
Alan Ellingson Name	Street or P.O.	y Street, 5th Floor	Boston	MA State	02116 Zip Code	
Name	Street of F.O.	ВОХ	City	State	Zip Code	
Name	Street or P.O.	Box	City	State	Zip Code	
	sed in one or more states or terri				he officers other than the secretary onal service described in the	
10. I certify that, as of t	he date of filing this application,	the above-named entity	validly exists under the la	ws of the jurisdiction	of its formation.	
11. If a limited partners	hip, it elects to be a limited liabili	ty limited partnership.	Check the box if applicable	le:		
12. If a limited liability	company, check box if manage	er-managed: X				
	be effective upon filing.					
PAUL LIBERMAN		Paul I	Paul Liberman, President and CEO		10/11/2024	
Signature of Authorized Representative			Printed Name & Title		Date	
I, C T Corporation S	ystem	, con	sent to serve as the regist	ered agent on behalf	of the business entity.	
Type/Print Name of Re						
By: C T Corpo	oration System Cudy	Madonna Cudo	lihy, Assistant Secret	tary	10/14/2024	

Printed Name

Title

Date

Signature of Registered Agent

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SIENA MERGER SUB LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204467260

Date: 09-24-24