



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

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**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
3/13/2023 2:29 PM  
Fee Receipt: \$90.00

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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 entity is a:
- |                     |                                     |                                  |  |
|---------------------|-------------------------------------|----------------------------------|--|
| profit corporation  | <input checked="" type="checkbox"/> | nonprofit corporation            | professional limited liability company |
| business trust      |                                     | limited liability company        | statutory trust                        |
| limited partnership |                                     | ltd cooperative association      | public benefit corporation             |
| non-profit llc      |                                     | professional service corporation | other                                  |

2. The name of the entity is Black Knight InfoServ, LLC

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 12/07/2007

and the period of duration is

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is

601 Riverside Avenue

Jacksonville

FL

32204

**Street Address**

**City**

**State**

**Zip Code**

7. The street address 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**

**State**

**Zip Code**

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

<u>Colleen E. Haley - Manager</u>	<u>601 Riverside Avenue</u>	<u>Jacksonville</u>	<u>FL</u>	<u>32204</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u>April L. Johnson - Asst. Secretary</u>	<u>601 Riverside Avenue</u>	<u>Jacksonville</u>	<u>FL</u>	<u>32204</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u>Kirk T. Larsen - Manager</u>	<u>601 Riverside Avenue</u>	<u>Jacksonville</u>	<u>FL</u>	<u>32204</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing.

Colleen E. Haley, Manager

03/13/2023

**Signature of Authorized Representative**

**Printed Name & Title**

**Date**

I, C T Corporation System

**Type/Print Name of Registered Agent**

, consent to serve as the registered agent on behalf of the business entity.

By: C T Corporation System

Michele Miller

Asst. Secretary

3/13/2023

**Signature of Registered Agent**

**Printed Name**

**Title**

**Date**

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLACK KNIGHT INFOSERV, 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 THIRTEENTH DAY OF MARCH, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

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SR# 20230958572

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202895833

Date: 03-13-23