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Michael G. Adams
Secretary of State
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Secretary of State
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Frankfort, KY 40602-0718
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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 entity is a **limited liability company**.

2. The name of the entity is

Koru Group, PLLC

3. The name of the entity to be used in Kentucky is

KORU GROUP PROFESSIONAL LIMITED LIABILITY COMPANY

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

5. The date of organization is **8/26/2022** and the period of duration is **perpetual**.

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

28W324 Indian Knoll Trail 2135 CityGate Lane, Suite 330, West Chicago, IL 60185

7. The name of the initial registered agent is

Registered Agents Inc

and the street address of the entity's initial registered office in Kentucky is

212 N. 2nd St. STE 100, Richmond, KY 40475

8. The names and business addresses of the entity's representatives:
Member   Eric Carlson   2135 CityGate Lane, Suite 330, Naperville, IL 60563

9. This entity is managed by **Members**.

10. This filing will be effective on **Thursday, November 14, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Administrative Assistant: Kim Woods**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on