Division of Business Filings



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1270953.06

kdcoleman ADD

Michael G. Adams **Kentucky Secretary of State**

Received and Filed: 3/28/2023 2:36 PM Fee Receipt: \$90.00

Pursuant to the provisions of KRS 14A - 0.30 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named be and, for that purpose, submits the following statements: 1. The entity is a:	Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ficate of Authorn Business Entity		Fee Receipt	
1. The entity is a:	Pursuant to the provisions of KRS 14/ and, for that purpose, submits the follo	\ - 030 the undersigned herel	by applies for authority	y to transact business in K	entucky on behalf	of the entity named below
(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	1. The entity is a: profit corpo business tr limited part non-profit II	ration	nited liability company I cooperative associat	statul	tory trust	lity company
3. The name of the entity to be used in Kentucky is (if applicable): Control provide if "real name" is unavailable for use; otherwise, leave blank.]	2. The name of the entity is WNS B	PM AMERICAS LLC	he name on record	with the County of Ct.		
(Only provide if "real name" is unavailable for use; otherwise, leave blank.) 5. The date of organization is O3/03/2023 and the period of duration is o3/03/2023 and the period of duration is of the date of organization is O3/03/2023 and the period of duration is one of the realing address of the entity's principal office is City State Zip Code Street Address Test address of the entity's registered office in Kentucky is 360 k.W. Main Street, Suite 512 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): SEE ATTACHED Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Osterory Osterory Osterory City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Osterory						
and the period of duration is City State Zip Code			(Only provide if "real	al name" is unavailable fo	or use; otherwise,	leave blank.)
6. The mailing address of the entity's principal office is 1209 Orange Street 1209 Orange Street Wilmington DE 12980 State Zip Code 7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512 7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512 Street Address (No P.O. Box Numbers) and the name of the registered agent at that office is CT Corporation System 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): SEE ATTACHED Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code City State Zip Code 1. The addresser 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 liability company, check box if manager-managed: Yogendra Goyal, Manager 12. If a limited liability company, check box if manager-managed: Yogendra Goyal, Manager Printed Name & Title Yogendra Goyal, Manager 13. This application will be effective upon filing. Yes SEAN L. EMERICK ASSISTANT SECRETARY 03/21/2023	5. The date of organization is03/03	/2023		ind of duration is		
Street Address Street St			and the per		, duration is cons	idered perpetual.)
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) 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): SEE ATTACHED Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Online Name Street or P.O. Box City State Zip Code Name Name Name Street or P.O. Box City State Zip Code Name Name Name Street or P.O. Box City State Zip Code Name Name Name Name Street or P.O. Box City State Zip Code Name Name Street or P.O. Box City State Zip Code Name Name	1209 Orange Street	Throipar office is	Wilming	ton DE	198	01
Street Address (No P.O. Box Numbers) Street Address (No P.O. Box Numbers) 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): SEE ATTACHED Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Name Street or P.O. Box City State Zip Code Name Other Street or P.O. Box City State State State Sip Code Name Name Street or P.O. Box City State State Sip Code Name Name Street or P.O. Box City State State Sip Code Name Name Street or P.O. Box City State State State Sip Code Name Name Name Street or P.O. Box City State State			City	State	Zip	Code
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): SEE ATTACHED Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code 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: Yogendra Goyal, Manager Joseph Signature of Authorized Representative Printed Name & Title Date Yogendra Goyal, Manager Joseph Signature of Registered Agent SEAN L. EMERICK ASSISTANT SECRETARY 03/21/2023	7. The street address of the entity's reg	jistered office in Kentucky is	11			
and the name of the registered agent at that office is CT Corporation System 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): SEE ATTACHED	Street Address (No P.O. Box Number	rs)	Frankfort			7: 0 :
8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): SEE ATTACHED			on System	City	State	Zip Code
Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code 1. City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name State State or District of Columbia to render a professional service described in 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. Yes Yogendra Goyal, Manager Printed Name & Title Date 14. C.T. Corporation System Type/Print Name of Registered Agent				. 1 . 2		
Street or P.O. Box City State Zip Code		of the entity's representatives	(secretary, oπicers a	nd directors, managers, tru	ustees or general pa	artners):
Name Street or P.O. Box City State Zip Code 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. Yes 14. CT Corporation System Type/Print Name of Registered Agent Printed Name & Title SEAN L. EMERICK ASSISTANT SECRETARY 03/21/2023		Street or P.O. Box	City	State	7:	0-1-
State Zip Code	N		City	State	z Zip	Code
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. Yes 14. Vogendra Goyal, Manager 15. Printed Name & Title 16. CT Corporation System 17. Consent to serve as the registered agent on behalf of the business entity. 18. SEAN L. EMERICK 18. ASSISTANT SECRETARY 19. Signature of Registered Agent 19. Check the box if applicable: 20.3/21/2023	Name	Street or P.O. Box	City	State	Zip	Code
Signature of Registered Agent SEAN L. EMERICK ASSISTANT SECRETARY 10. I certify that, as 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. Yes 14. CT Corporation System Type/Print Name of Registered Agent 15. CT Corporation System Type/Print Name of Registered Agent 16. SEAN L. EMERICK ASSISTANT SECRETARY 17. O3/21/2023	Name	Street or P.O. Box	City	State	Zip	Code
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. Yes Yogendra Goyal, Manager 03/23/2023	statement of purposes of the corporation	1.	inted States of District	or Columbia to render a p	rofessional service	described in the
12. If a limited liability company, check box if manager-managed: 13. This application will be effective upon filing. Yes Yogendra Goyal, Manager O3/23/2023					saiction of its forma	tion.
13. This application will be effective upon filing. Yes Vogendra Goyal, Manager O3/23/2023			ership. Check the bo	x if applicable:		
Signature of Authorized Representative I, CT Corporation System Type/Print Name of Registered Agent By: Signature of Registered Agent SEAN L. EMERICK ASSISTANT SECRETARY 03/21/2023 03/21/2023			×			
Signature of Authorized Representative Printed Name & Title I, C T Corporation System Type/Print Name of Registered Agent By: SEAN L. EMERICK ASSISTANT SECRETARY O3/21/2023 O3/21/2023	13. This application will be effective upon	n filing. Yes				
I, C T Corporation System Type/Print Name of Registered Agent By: Signature of Authorized Representative Printed Name & Title Date C T Corporation System , consent to serve as the registered agent on behalf of the business entity. SEAN L. EMERICK ASSISTANT SECRETARY 03/21/2023	Yogendra Goyal		Vogendra Goval	Managar	02/22/2022	
I, CT Corporation System Type/Print Name of Registered Agent By: Signature of Registered Agent SEAN L. EMERICK ASSISTANT SECRETARY 03/21/2023	Signature of Authorized Representative				_	
Signature of Registered Agent Signature of Registered Agent O3/21/2023	I, C T Corporation System Type/Print Name of Registered Agent		, consent to serve	as the registered agent on		ess entity.
Signature of Registered Agent Signature of Registered Agent O3/21/2023	By: C. P.Q. A	CEANI	EMEDICE	ACCICTANT	ECDETARY	00/01/5
	- Da C Mindeline C				ECKETARY	



Resident address of the Managers of WNS BPM Americas LLC:

Name	Title	Resident Address
Yogendra Goyal	Manager	515 Madison Avenue, 8th Floor, New York, NY,
		10022
Manish Vora	Manager	515 Madison Avenue, 8th Floor, New York,
		NY,10022
Rajesh Iyer	Manager	Gate No 4, Plant 10 / 11 Godrej & Boyce Complex,
		Pirojshanagar, LBS Marg Vikhroli (West), Mumbai,
		Maharashtra, 400079
Jay Venkateswaran	Manager	515 Madison Avenue, 8th Floor,, New York,New
		York,7302

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