

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

1404660.09

mmoore ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 10/28/2024 2:39 PM

Fee Receipt: \$90.00 FBE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreig	gn Business Entity)		
Pursuant to the provisions of KR and, for that purpose, submits the	RS 14A – 030 the undersigned here to following statements:	by applies for authority to tra	ansact business in Kentucky	on behalf of the entity named belo
1. The entity is a: X profit	corporation	nonprofit corporation	professional li	mited liability company
	position and the same and the s	imited liability company	statutory trust	
limite		td cooperative association	other	
		professional service corporati	on	
2. The name of the entity is Ver	rafin Solutions ULC (The name must be identical to	the name on record with the	he Secretary of State.)	
3 The name of the entity to be	used in Kentucky is (if applicable):_	Verafin Solutions Co.	, ,	
ESTATE TO MICES STATE STATE AND THE STATE			ne" is unavailable for use; o	otherwise, leave blank.)
	hose law the entity is organized is E			·
5. The date of organization is 0	2/11/2021	and the period of		on is considered perpetual.)
 The mailing address of the er 18 Hebron Way, St. John's. 	ntity's principal office is			
Street Address	, iti, itii obs cuiudu	City	State	Zip Code
7. The street address of the ent	ity's registered office in Kentucky is			
306 W. Main Street, Suite 5		Frankfort	KY	40601
Street Address (No P.O. Box N	Numbers)	City	Sta	ate Zip Code
and the name of the registered a	agent at that office is <u>C T Corpora</u>	ation System		·
8. The names and business add	dresses of the entity's representativ	es (secretary, officers and di	rectors, managers, trustees o	r general partners):
See Attached			6	
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
and treasurer are licensed in on statement of purposes of the con 10. I certify that, as of the date of	oration, all the individual shareholde e or more states or territories of the rporation. of filing this application, the above-nucts to be a limited liability limited pa	United States or District of C	columbia to render a profession of the laws of the jurisdiction	onal service described in the
	y, check box if manager-managed			
13. This application will be effect				
Tuskar		Tushar Mehta/Assist	ant Transurar 00	/24/24
Signature of Authorized Represen		Printed Name 8		Date
C T Corporation System,		concept to come t	he registered exect on behalf	f of the business on the
Type/Print Name of Registered	Agent	, consent to serve as t	he registered agent on behal	of the business entity.
C T Corporation S		N L. EMERICK	ASSISTANT SECRI	ETARY 09/10/2024
y: Signature of Registered Agent		d Name	Title	Date

Verafin Solutions ULC

Management Structure

Management Name	Title Role	Title
Friedman, Adena	Director	Director, 18 Hebron Way, St. John's, NL, A1A 0L9 Canada
King, Jamie	Director	Director, 18 Hebron Way, St. John's, NL, A1A 0L9 Canada
Osler Law Firm	Officer	Secretary, 18 Hebron Way, St. John's, NL, A1A 0L9 Canada
Ottergard, Lars	Director	Director, 18 Hebron Way, St. John's, NL, A1A 0L9 Canada