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Kentucky Secretary of State Received and Filed:

Michael G. Adams

1/31/2024 1:45 PM

Fee Receipt: \$90.00

tsemones ADD



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

				EDE
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ificate of Authority ign Business Entity)		FBE
Pursuant to the provisions of KRS 14 and, for that purpose, submits the fol	4A – 030 the undersigned her llowing statements:	eby applies for authority to transact bu	usiness in Kentucky or	n behalf of the entity named belov
. The entity is a: profit corporation on profit corporation limited partnership itd corporation time profit llc profet		nonprofit corporation limited liability company Itd cooperative association professional service corporation	professional lim statutory trust public benefit c other	nited liability company orporation
2. The name of the entity is Somer	rCor 504, Inc. he name must be identical t	o the name on record with the Secre	etary of State.)	
3. The name of the entity to be used	d in Kentucky is (if applicable):	(Only provide if "real name" is u	navailable for use; of	therwise, leave blank.)
4. The state or country under whose 5. The date of organization is July	e law the entity is organized is 21, 1992	and the period of duration	n is (If left blank, duratio	n is considered perpetual.)
6. The mailing address of the entity	's principal office is	Objesse	Illinois	60604
209 S. LaSalle Street, Suite	203	Chicago City	State	Zip Code
Street Address 7. The street address of the entity's	registered office in Kentucky	127.4		40601
421 West Main Street			KY Star	
Street Address (No P.O. Box Num and the name of the registered ager	nt at that office is Corporation	City on Service Company	17-211.	
Street Address (No P.O. Box Num and the name of the registered ager	nt at that office is Corporation	•	17-211.	
Street Address (No P.O. Box Num and the name of the registered ager 8. The names and business addres See Attachment	nt at that office is <u>Corporations</u> uses of the entity's representat	ives (secretary, officers and directors,	managers, trustees or	general partners):
Street Address (No P.O. Box Num and the name of the registered ager 8. The names and business addres See Attachment Name	nt at that office is <u>Corporations</u> uses of the entity's representat Street or P.O. Box	ives (secretary, officers and directors,	managers, trustees or State	general partners): Zip Code
Street Address (No P.O. Box Num and the name of the registered ager 8. The names and business addres See Attachment Name Name 9. If a professional service corporati and treasurer are licensed in one or statement of purposes of the corpor	Ant at that office is <u>Corporation</u> asses of the entity's representat Street or P.O. Box Street or P.O. Box Street or P.O. Box ion, all the individual sharehold remore states or territories of the ration.	on Service Company ives (secretary, officers and directors, City City ders, not less than one half (1/2) of the the United States or District of Columbia	managers, trustees or State State directors, and all of th a to render a professio	general partners): Zip Code Zip Code Zip Code Zip Code De officers other than the secretary and service described in the
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Street Address (No P.O. Box Num and the name of the registered ager 8. The names and business addres See Attachment Name Name 9. If a professional service corporati and treasurer are licensed in one or statement of purposes of the corpor 10. I certify that, as of the date of fili 11. If a limited partnership, it elects 12. If a limited liability company, c 13. This application will be effective Mathematical Service Company Signature of Authorized Representation	At at that office is <u>Corporations</u> asses of the entity's representate Street or P.O. Box Street or P.O. Box Street or P.O. Box Street or P.O. Box ion, all the individual sharehold more states or territories of the ation. ing this application, the above to be a limited liability limited sheck box if manager-manage aupon filing. ve pany nt JE Co	on Service Company ives (secretary, officers and directors, City City ders, not less than one half (1/2) of the le United States or District of Columbia -named entity validly exists under the I partnership. Check the box if applicat ed: Manuel Flores, President Printed Name & Title consent to serve as the regis NNIFER STRICKLAND A rporation Service Company	managers, trustees or State State directors, and all of th a to render a profession aws of the jurisdiction ble:	general partners): Zip Code Zip Code Zip Code Zip Code of its formation. 1/29/2024 Date f of the business entity.

Attachment to Certificate of Authority (Foreign Business Entity)

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

Names and Addresses of the Entity's Officers:

NAME	OFFICE	NUMBER & STREET CITY STATE ZIP
Margy Sweeney Thomas Huffman Manuel Flores Margaret Griffin Milan Maslic David Sommers Eric Bacon Darin Gehrke Manish Laroia Debra Morack Elisabeth Williams Silvia Orozco Amber Smith Reuben Waddy Sandra Berrios Brian Burke Julie Winterbauer	Chair Vice Chair President Executive VP Executive VP Senior VP Senior VP Senior VP Senior VP Vice President Vice President Vice President Asst. VP Treasurer Secretary	209 S. LaSalle Street, Suite 203, Chicago Illinois 60604 209 S. LaSalle Street, Suite 203, Chicago Illinois 60604

Names and Addresses of the Entity's Directors:

NAME	OFFICE	NUMBER & STREET CITY STATE ZIP
Dean Avdalas Jeffrey Bronswick James Bruno Brian Burke Manuel Flores Thomas Huffman Erica King McPherson Santiago Martinez Michael Martino Michael J. Plumb Margy Sweeney William W. Towns Jon Winick Julie Winterbauer Simon Yohanan	Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director	209 S. LaSalle Street, Suite 203, Chicago Illinois 60604 209 S. LaSalle Street, Suite 203, Chicago Illinois 60604