

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State

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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

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 business entity is a **limited liability company**.
2. The name of the entity is: **SONNICK PARTNERS LLC**
3. The state or country whose law the entity is organized is **New York**.
4. The date of organization is **7/16/2009** and the period of duration is **perpetual**.
5. This entity is managed by Managers

**6. Principal Office**

860 Broadway, 5th Floor  
New York, NY 10003

**7. Required Representatives**

<b>Manager</b>	Elango Rathinavelu	860 Broadway, 5th New York Floor	NY	10003
<b>Manager</b>	Eric Winston	860 Broadway, 5th New York Floor	NY	10003
<b>Manager</b>	Sivaramakrishna Puranam	860 Broadway, 5th New York Floor	NY	10003

**8. Registered Agent/Office**

Corporate Creations Network Inc.  
101 North Seventh Street  
Louisville, KY 40202

I, **Ashley Perkins, Special Secretary**, consent to sign for **Corporate Creations Network Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, December 14, 2023

As the Authorized Representative, I, **Joseph Panholzer**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Special Manager**