

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1373268.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/20/2024 2:00 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		cate of Authority n Business Entity)		FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		y applies for authority to transac	t business in Kentucky on	behalf of the entity named below
The entity is a: profit corpor business tru limited partrunon-profit lic The name of the entity is Presti & N	set	nprofit corporation ited liability company cooperative association ofessional service corporation	professional limi statutory trust public benefit co other	ted liability company
(The	name must be identical to the	ne name on record with the Se	ecretary of State.)	·
3. The name of the entity to be used in4. The state or country under whose la	w the entity is organized is Ne	(Only provide if "real name" is w York	s unavailable for use; oth	nerwise, leave blank.)
5. The date of organization is 12/23/20	19	and the period of dura		:iddi
6. The mailing address of the entity's p 225 West 35th Street, 5th Floor	rincipal office is	New York	NY	is considered perpetual.) 10001
Street Address		City	State	Zip Code
7. The street address of the entity's reg 228 Lane Allen Road, Suite 219	gistered office in Kentucky is	Lexington	KY	40504
Street Address (No P.O. Box Numbe	rs)	City	State	- · · · · · · · · · · · · · · · · · · ·
and the name of the registered agent a	t that office is Registered Ager	nt Solutions, Inc.		
8. The names and business addresses			rs, managers, trustees or g	eneral partners):
Andrew Presti	225 West 35th Street, 5th FI	New York	NY	10001
Name	Street or P.O. Box	City	State	Zip Code
Steve R. Grgas	225 West 35th Street, 5th Fl	•	NY	10001
Name Salvatore Russo	Street or P.O. Box 225 West 35th Street, 5th Fl	City New York	State NY	Zip Code 10001
Name	Street or P.O. Box	City	State	Zip Code
 9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation. 10. I certify that, as of the date of filing that. 11. If a limited partnership, it elects to be the corporation. 12. If a limited liability company, check that is application will be effective upon. 	ore states or territories of the Unn. this application, the above-nance a limited liability limited particle box if manager-managed:	nited States or District of Colum	e laws of the jurisdiction of	al service described in the
12 1 M				
Set 2/1 on		Steve R. Grgas, Member	6/18/2	2024
Signature of Authorized Representative		Printed Name & Title		Date
Registered Agent Solutions, Inc. Type/Print Name of Registered Agent		, consent to serve as the registered agent on behalf of the business entity.		
77	Jose Mo	iica	Assistant Secretary	6/18/2021

Printed Name

Title

Date

Signature of Registered Agent