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kdcoleman ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/28/2022 2:51 PM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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

Certificate of Assumed Name (Domestic or Foreign Business Entity) ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Kraken

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: Payward Ventures, Inc.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

a Domestic General Partnership	a Foreign General Partnership
a Domestic Limited Liability Partnership	a Foreign Limited Liability Partnership
a Domestic Limited Partnership	a Foreign Limited Partnership
a Domestic Business Trust	a Foreign Business Trust
a Domestic Corporation	a Foreign Corporation
a Domestic Limited Liability Company	a Foreign Limited Liability Company

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is ______. (Delayed effective date

5. The business is organized and existing in the state or country of <u>Delaware</u>
6. The mailing address is:

 <u>237 Kearny Street</u>, #102
 <u>Street Address or Post Office Box Numbers</u>
 <u>City</u>
 <u>City</u>
 <u>State</u>
 <u>Jocussigned by:</u>

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.
<u>City</u>
<u>City</u>
<u>City</u>
<u>City</u>
<u>State</u>
<u>Jocussigned by:</u>

Lawren Benjamin Authorized Party Signature	Lauren Benjamin	Chief Compliance Officer	10/20/2022
	Printed Name	Title	Date