



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 2/10/2023 12:23 PM
 Fee Receipt: \$90.00

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

Certificate of Authority
 (Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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 entity is a: ☐ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☒ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is TalentNeuron, LLC
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is October 26, 2022 and the period of duration is Perpetual
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
 590 Madison Avenue, 40th Floor

<u>New York</u>	<u>NY</u>	<u>10022</u>
City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is
 421 WEST MAIN STREET

<u>FRANKFORT</u>	<u>KY</u>	<u>40601</u>
City	State	Zip Code

and the name of the registered agent at that office is CORPORATION SERVICE COMPANY

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

Jacques Galante	590 Madison Avenue, 40th Floor	New York	NY	10022
Name	Street or P.O. Box	City	State	Zip Code
Christopher Mairs	590 Madison Avenue, 40th Floor	New York	NY	10222
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

DocuSigned by: <u>Christopher Mairs</u>	Christopher Mairs, Vice President	February 9, 2023
Signature of Authorized Representative	Printed Name & Title	Date

I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

<u>Danielle Ellenberger</u>	Danielle Ellenberger	Asst Secretary	2/10/23
Signature of Registered Agent	Printed Name	Title	Date