

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

P101

1368772.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
5/31/2024 12:00:00 AM  
Fee receipt: \$90

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 entity is a **profit corporation**.

2. The name of the entity is

**North Haven CS Holdings INC**

3. The name of the entity to be used in Kentucky is

**North Haven CS Holdings Inc**

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

5. The date of organization is **1/4/2019** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

**92 Wall St Ste 1, Madison, CT 06443**

7. The name of the initial registered agent is

**C T Corporation System**

and the street address of the entity's initial registered office in Kentucky is

**306 W Main St Ste 512, Frankfort, KY 40601**

8. The names and business addresses of the entity's representatives:

<b>Registered Agent</b>	C T Corporation System	306 W Main St Ste 512, Frankfort, KY 40601
<b>Officer</b>	Steve Mongelli	92 Wall St Ste 1, Madison, CT 06443
<b>Authorized Rep</b>	Connie DiGiacomo	92 Wall St Ste 1, Madison, CT 06443

9. This application will be effective on **Friday, May 31, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep:**  
**Connie DiGiacomo**

I, **Denise Bell**, consent to sign for **C T Corporation System** who

serves as the Registered Agent on behalf of  
May 31, 2024.

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