

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1378072.06

dwilliams ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

7/11/2024 2:26 PM Fee Receipt: \$90.00

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

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

and the name of the registered agent at that office is CT Corporation System 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Altvia Intermediateco LLC, Member	1. The entity is a:	profit corporation		nonprofit corporati	on	profession	professional limited liability company		
non-profit lic professional service corporation other 2. The name of the entity is Altvia Solutions, 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 Colorado 5. The date of organization is 10/15/2004 and the period of duration is (if if blank, duration is considered perpetu of the mailing address of the entity's principal office is S90 Burbank Ave., Suite 220 Street Address 7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512 Street Address (No P.O. Box Numbers) 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Altvia Intermediateco LLC, Member 5. On Burbank Ave., Suite 220 Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City	business trust		×			statutory	Marian San San San San San San San San San S		
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Signature of Authorized Representative Printed Name & Title Date 1, C T Corporation System Type/Print Name of Registered Agent C T Corporation System Type/Print Name of Registered Agent	13. This application will	be effective upon filing.							
I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.	Christin	Christine Dye, Authorized Person		erson	06/26/24				
Type/Print Name of Registered Agent	Signature of Authorized	Representative		Print	ed Name & Title		Date		
By: SEAN L. EMERICK ASSISTANT SECRETARY 06/12/202	Type/Print Name of Re	gistered Agent	A SEA					06/12/2024	

Title

Date

Signature of Registered Agent