

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov			Certificate of Authority (Foreign Business Entity)		FBE	
Pursuant to the provisior and, for that purpose, su	ns of KRS 14A – 030 the und bmits the following statement	dersigned hereby applies	s for authority to transact b	usiness in Kentucky on I	behalf of the entity named belo	
1. The entity is a: X	profit corporation	nonprofit c	orporation professional limited liability company		ed liability company	
	business trust	NAMES OF THE PARTY	limited liability company		statutory trust	
	limited partnership		Itd cooperative association		public benefit corporation	
non-profit llc		professional service corporation		other		
2. The name of the optim	y is American Conference		an oct vice corporation	other		
2. The flame of the entity			on record with the Secr	etany of State )		
3. The name of the ontit			on rooms with the occi	otary or otate.)		
3. The flame of the entity	y to be used in Kentucky is (if	(Only p	rovide if "real name" is u	navailable for use other	onvien loave blank )	
4. The state or country u	inder whose law the entity is			navanable for use, out	si wise, idaye bialik.)	
5. The date of organization		organized to	and the period of duration	is Perpetual		
			_and the period of duration	(If left blank, duration i	s considered perpetual.)	
	of the entity's principal office i	is				
Two Park Avenue, Su Street Address	lite 2049	-	New York	NY	10016	
			City	State	Zip Code	
7. The street address of	the entity's registered office i	in Kentucky is				
306 W. Main Street, Suite 512			Frankfort	KY	40601	
Street Address (No P.O. Box Numbers) and the name of the registered agent at that office is C			City	State	Zip Code	
Ben Belman Name Jonathan Belman	Street or P.C Two Park	O. Box Avenue, Suite 2049	New York City New York	NY State NY	10016 Zip Code 10016	
Name David Grove	Street or P.C		City	State	ZIp Code	
David Gray Name	Street or P.C	Avenue, Suite 2049	New York	NY	10016	
If a professional service and treasurer are license	e corporation, all the individu d in one or more states or ter	al shareholders, not less	City s than one half (1/2) of the ates or District of Columbia	State directors, and all of the of to render a professional	Zip Code  officers other than the secretary service described in the	
10. I certify that, as of the	the corporation.  date of filing this application  p, it elects to be a limited liab	, the above-named entit	y validly exists under the la	aws of the jurisdiction of i		
	ompany, check box if manag					
13. This application will b	ereffective upon filing.	-				
17000		Davie	David Gray, CFO/Secretary		09/17/2024	
Signature of Authorized R	presumative		Printed Name & Title		Date	
Type/Print Name of Regis	stered Agent		sent to serve as the regist	ered agent on behalf of t	he business entity.	
C T Corpora	ation System Chumunux					
By:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Christine Kelm	As	sistant Secretary	9/17/2024	
Signature of Registered Ag	ent	Drintad Name	Ti	u.	2.	