

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1429278.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
2/12/2025 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 **limited liability company**.

2. The name of the entity is

**UNIFYCX LLC**

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

4. The date of organization is **8/23/2023** and the period of duration is **perpetual**.

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

**9931 Corporate Campus Dr Ste 1400, Louisville, KY 40223**

6. The name of the initial registered agent is

**Registered Agents Inc**

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

**212 N 2nd Street Ste 100, Richmond, KY 40475**

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

<b>Manager</b>	Vidya Ravichandran	9931 Corporate Campus Dr, Ste 1400, Louisville, KY 40223
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<b>Organizer</b>	Vidya Ravichandran	9931 Corporate Campus Dr, Ste 1400, Louisville, KY 40223
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Wednesday, February 12, 2025**.

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 **Manager: Vidya Ravichandran**

I, **David Roberts, Assistant Secretary**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on

behalf of this entity on Wednesday, February

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