

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 **nonprofit corporation**.

2. The name of the entity is

CICATELLI ASSOCIATES INC

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

4. The date of organization is **5/19/1979** and the period of duration is **perpetual**.

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

505 8th Ave, Suite 1900, New York, NY 10018

6. The name of the initial registered agent is

Sharicom Registered Agents

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

113 Glenn Place, Building 2, Lexington, KY 40505

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

Officer Humberto Saddler 505 8th Ave, Suite 1900, New York, NY 10018

8. This filing will be effective on **Monday, March 24, 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 **CFO: Humberto Saddler**

I, **William R Mason**, consent to sign for **Sharicom Registered Agents** who serves as the Registered Agent on behalf of this entity on Monday, March 24, 2025.