

# Michael G. Adams

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE ADD Michael G. Adams Kentucky Secretary of State Received and Filed: 11/16/2023 10:24 AM Fee Receipt: \$90.00

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Division of Business Filings	Cartificate	f Authority	Fee Re	ceipt: \$90.00	
P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Business Entity)				
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		or authority to transact busin	ess in Kentucky on b	ehalf of the entity named below	
1. The entity is a: profit corpora business true limited partne non-profit llc	t limited liabilit ership ltd cooperativ professional	·	professional limite statutory trust public benefit corp other	d liability company poration	
2. The name of the entity is Rippling EOR, Inc. (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):			·	
4. The state or country under whose law		vide if "real name" is unav	ailable for use; othe	rwise, leave blank.)	
5. The date of organization is $12/08/2$	2022	and the period of duration is	Perpetual	·•	
Ū		(If I	eft blank, duration is	s considered perpetual.)	
6. The mailing address of the entity's pr 55 2nd Street, Suite 1500	incipal office is	San Francisco	СА	94105	
Street Address		City	State	Zip Code	
<ol> <li>The street address of the entity's reg</li> <li>421 West Main Street</li> </ol>	stered office in Kentucky is	Frankfort	KY	40601	
Street Address (No P.O. Box Number	•	City	State	Zip Code	
and the name of the registered agent at	that office is Corporation Service Com	ipany		·	
8. The names and business addresses	of the entity's representatives (secretary	, officers and directors, man	agers, trustees or ge	neral partners):	
Laura Maurer Hunt Kreitler	2443 Fillmore Street, #380-1	San Francisco	CA	94115	
Name Charles Matthew MacInnis -	Street or P.O. Box 2443 Fillmore Street, #380-	City	State CA	Zip Code 94115	
Name Charles Matthew MacInnis - Name	Street or P.O. Box 2443 Fillmore Street, #380 Street or P.O. Box	City San Francisco City	State CA State	Zip Code 94115 Zip Code	
<ol> <li>If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation</li> </ol>	all the individual shareholders, not less t e states or territories of the United State	han one half (1/2) of the dire	ctors, and all of the o	fficers other than the secretary	
10. I certify that, as of the date of filing the	nis application, the above-named entity	validly exists under the laws	of the jurisdiction of it	s formation.	
11. If a limited partnership, it elects to be	e a limited liability limited partnership. C	Check the box if applicable:			
12. If a limited liability company, check	box if manager-managed:				
13. This application will be effective upo	n filing.				
Signature of Authorized Representative	Charl	es Matthew MacInni Printed Name & Title	<u>s -V.P. /Secy./ T</u>	reas./ DIR. Nov 1, 2023 Date	
I, Corporation Service Company	, cons	ent to serve as the registere	d agent on behalf of t	he business entity.	
Type/Print Name of Registered Agent	Shauna Godbolt	t.			
By: Shawna God Signature of Registered Agent	Corporation Ser		tant Secretary	<u>11/15/2023</u> Date	
	tou Munic	1116		5410	

# **FILING INSTRUCTIONS**

# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

#### **TYPE OF FORMATION**

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

#### NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

#### DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

# **REGISTERED OFFICE AND REGISTERED AGENT**

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic non-corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

#### CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

# EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

#### NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

#### DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### **FILING FEE**

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS	OFFICE LOCATION
Michael Adams	Room 152, Capitol Building
Secretary of State	700 Capital Avenue
P.O. Box 718	Frankfort, KY 40601
Frankfort, KY 40602-0718	Hours of Operation: 8:00 AM-4:30 PM ET

### CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

#### FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.