

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1357781.09

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/16/2024 1:11 PM Fee Receipt: \$90.00

| Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | Certificate o (Foreign Busine | | Fee Rec | eipt: \$90.00 |
|---|--|--|---|--------------------------------|
| Pursuant to the provisions of KRS 14A – and, for that purpose, submits the followi | | or authority to transact busin | ess in Kentucky on be | half of the entity named below |
| The entity is a: profit corporate business trust business trust limited partne non-profit llc The name of the entity is | t limited liabilit rship ltd cooperativ professional | | npany statutory trust sociation public benefit corporation ce corporation other | |
| | ame must be identical to the name of | | | |
| The name of the entity to be used in k The state or country under whose law | (Only pro the entity is organized is | vide if "real name" is unava De | ailable for use; other elaware | wise, leave blank.) |
| 5. The date of organization is | December 13, 1991 a | and the period of duration is | oft blank duration is | considered perpetual.) |
| 6. The mailing address of the entity's pri 250 East Hartsdale | • | Hartsdale | NY | 10530 |
| Street Address | ,,,,,, | City | State | Zip Code |
| The street address of the entity's registered. 828 Lane Allen Road, Suite 2 | - | Lexington | KY | 40504 |
| Street Address (No P.O. Box Numbers | | City | State | Zip Code |
| and the name of the registered agent at t | hat office is | NCY GLOBAL INC. | | |
| 8. The names and business addresses o | of the entity's representatives (secretary | , officers and directors, man | agers, trustees or gen | eral partners): |
| Jonathan Turell | 250 East Hartsdale Avenue | Hartsdale | NY | 10530 |
| Name | Street or P.O. Box | City | State | Zip Code |
| Peter Becker | 250 East Hartsdale Avenue Street or P.O. Box | Hartsdale City | <u>NY</u> State | 10530 Zip Code |
| | | | | |
| Name | Street or P.O. Box | City | State | Zip Code |
| If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation | e states or territories of the United State | | | |
| 10. I certify that, as of the date of filing th | is application, the above-named entity | validly exists under the laws | of the jurisdiction of its | s formation. |
| 11. If a limited partnership, it elects to be | a limited liability limited partnership. | Check the box if applicable: | | |
| 12. If a limited liability company, check | box if manager-managed: | | | |
| 13. This applications, will be effective upon | filing. | | | |
| Jonathan Turell | | aathan Turall Miss Dra | aidant | 04/15/2024 |
| ort439E327AB3433 Signature of Authorized Representative | JO | nathan Turell, Vice Pres Printed Name & Title | | Date |
| Cogency Global Inc. | 0000 | ent to serve as the registered | agent on behalf of th | e husiness entity |
| Type/Print Name of Registered Agent | , cons | on to some as the registered | a agont on benall of th | o saomoos chuty. |
| Deroneca Regard | Veronica Ri | gaud As | ssistant Secretary | 04/15/2024 |
| Signature of Registered Agent | Printed Name | Title | | Date |