

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/28/2023 1:11 PM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Au (Foreign Business E	ntity)		FBE
Pursuant to the provisions of KRS 14A on behalf of the entity named below ar	and KRS 271B, 273, 274,275, and, for that purpose, submits the	362 and 386 the undersigned her following statements:	eby applies for authori	ty to transact business in Kentucky
1. The entity is a : profit corpo business tr	ust (KRS 386). unership (KRS 362). lc (KRS 275)	nprofit corporation (KRS 273) ted liability company (KRS 275) cooperative assn. (KRS) sperative assn. (KRS)	professional se professional lin statutory trust unincorporated	ervice corporation (KRS 274) nited liability company (KRS 275) I association
2. The name of the entity is GIVENO	name must be identical to the name	e on record with the Secretary of St	ate.)	
3. The name of the entity to be used i		Only provide if "real name" is unav	ailable for use; otherwis	e, leave blank.)
4. The state or country under whose		ELAWARE and the period of duration	on is PERPETUAL	
5. The date of organization is 10/12/		and the period of darage	(If left blank, duration i	s considered perpetual.)
6. The mailing address of the entity's	principal office is	NEW YORK	NY	10022-2506
598 MADISON AVE - 6TH FL		City	State	Zip Code
Street Address 7. The street address of the entity's r	ragistored office in Kentucky is			
	egistered office in recreasity to	Frankfort	KY	40601
421 West Main Street Street Address (No P.O. Box Numbers)		City	State	Zip Code
the name of the registered agent	at that office is Corporation S	Service Company		-
The names and business address	ses of the entity's representatives	s (secretary, officers and directors	, managers, trustees o	r general partners):
	33.44.64.00			
SEE EXHIBIT A	Street or P.O. Box	City	State	Zip Code
Namo				
Name		014	State	Zip Code
Name Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name 9. If a professional service corporation, all the	Street or P.O. Box e individual shareholders, not less than	City one half (1/2) of the directors, and all of the control spring described in the statement	State ne officers other than the se nt of purposes of the corpor	Zip Code cretary and treasurer are licensed in one oration.
Name 9. If a professional service corporation, all the more states or territories of the United States	Street or P.O. Box e individual shareholders, not less than to ro District of Columbia to render a prof	City one half (1/2) of the directors, and all of the directors are all of the directors are all of the essional service described in the statement of the med entity validly exists under the	State ne officers other than the se nt of purposes of the corpore e laws of the jurisdiction	Zip Code cretary and treasurer are licensed in one oration.
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$\underline{EXHIBIT\ A}$

GIVENCHY CORPORATION

a Delaware corporation Officer(s) and Director(s) Listing

OFFICER(S):

<u>NAMES</u>	TITLE	<u>ADDRESS</u>
Renaud de Lesquen	Chief Executive Officer	598 Madison Avenue – 6 th Fl. New York NY 10022
Valerie Leon	President	598 Madison Avenue – 6 th Fl. New York NY 10022
Marie-Noelle Favard	Chief Financial Officer & Treasurer	598 Madison Avenue – 6 th Fl. New York NY 10022
Rodney C Pratt	Secretary	19 East 57 th Street New York NY 10022-2506

DIRECTOR(S):

Renaud de Lesquen 598 Madison Avenue New York NY 10022