



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1324884.06**

m Moore  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
12/5/2023 9:52 AM  
Fee Receipt: \$90.00

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
(Foreign Business Entity)

**FBE**

Pursuant to the provisions of KRS 14A – 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:
- |                     |                                     |                                  |                          |  |
|---------------------|-------------------------------------|----------------------------------|--------------------------|--|
| profit corporation  | <input type="checkbox"/>            | nonprofit corporation            | <input type="checkbox"/> | professional limited liability company |
| business trust      | <input checked="" type="checkbox"/> | limited liability company        | <input type="checkbox"/> | statutory trust                        |
| limited partnership | <input type="checkbox"/>            | ltd cooperative association      | <input type="checkbox"/> | public benefit corporation             |
| non-profit llc      | <input type="checkbox"/>            | professional service corporation | <input type="checkbox"/> | other                                  |

2. The name of the entity is Gelman Financial Services, LLC  
(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): Gelman Financial Services, LLC  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Colorado

5. The date of organization is 12/27/2012 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
2350 Ravine Way, Suite 100 Glenview Illinois 60025  
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512 Frankfort KY 40601  
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Terrence Sukalski	2054 Vista Parkway, Suite 300	West Palm Beach	Florida	33411
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Stephanie Schaeffer	911 Panorama Trail South	Rochester	New York	14625
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Christopher Simmons	911 Panorama Trail South	Rochester	New York	14625
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its 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 application will be effective upon filing.

Christopher Simmons Christopher Simmons 12/4/2023  
Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

By: Stephen Rullis STEPHEN RULLIS VP & ASST. SECY. 12/04/2023  
Signature of Registered Agent Printed Name Title Date