



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

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

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

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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 (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)
☐ business trust (KRS 386). ☒ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS) ☐ unincorporated association

2. The name of the entity is COLLABERA 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): _____
 (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 NEW JERSEY

5. The date of organization is 01/08/2021 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
110 ALLEN ROAD BASKING RIDGE NJ 07920
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road Suite 219 Lexington KY 40504
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is REGISTERED AGENT SOLUTIONS, INC.

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

ASCENDION INC 110 ALLEN ROAD BASKING RIDGE NJ 07920
 Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

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, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.

Please indicate the Kentucky county in which your business operates: County: <u>Fayette</u>	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction

 Signature of Authorized Representative	<u>SHAM PATEL, PRES OF MEMBER</u> Printed Name & Title	<u>07/19/2022</u> Date
I, <u>REGISTERED AGENT SOLUTIONS, INC.</u> , consent to serve as the registered agent on behalf of the business entity.		
<u>JOSE MOJICA</u> Signature of Registered Agent	<u>JOSE MOJICA</u> Printed Name	<u>ASST. SECY.</u> Title
<u>07/19/2022</u> Date	<u>07/19/2022</u> Date	<u>07/19/2022</u> Date

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

COLLABERA LLC
0450587572

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 08, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022

I further certify that the registered agent and office are:

**COLLABERA ENGINEERING SOLUTIONS LLC
110 ALLEN ROAD
BASKING RIDGE, NJ 07920**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of July, 2022*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6133843180

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp