

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

1238293.06

Fee Receipt: \$90.00

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/24/2022 1:12 PM

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Certificate of Authority (Foreign Business Entity)

www.sos.ky.gov				
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the followin		ies for authority to transact bus	siness in Kentucky on b	ehalf of the entity named belo
1. The entity is a: profit corporati	ion nonprofit	t corporation	professional limits	ad liability company
·		nonprofit corporation professional limited liability company statutory trust		d liability company
business trust		· · · · · ·	statutory trust	
limited partner	·	erative association	other	
non-profit llc	•	onal service corporation		
2. The name of the entity is Annexus FI Dis	stributors, LLC  ame must be identical to the nar	me on record with the Secret	tary of State.)	·
3. The name of the entity to be used in K				
	` •	provide if "real name" is un	available for use; othe	rwise, leave blank.)
The state or country under whose law				·
5. The date of organization is August 5, 20		and the period of duration		
6. The mailing address of the entity's prin	ncipal office is	(I	ir left blank, duration is	s considered perpetual.)
c/o Legal Department, Integrity Marketing Group	•	Dallas	TX	75202
Street Address		City	State	Zip Code
7. The street address of the entity's regis	stered office in Kentucky is			
421 West Main Street	,	Frankfort	KY	40601
Street Address (No P.O. Box Numbers)	)	City	State	Zip Code
and the name of the registered agent at th	nat office is Corporation Service C	company		
3. The names and business addresses or			ianagers, trustees or ge	neral partners).
	445 Ross Avenue, Floor 22	Dallas	TX	75202
	Street or P.O. Box 1445 Ross Avenue, Floor 22	<b>City</b> Dallas	State TX	Zip Code 75202
	Street or P.O. Box	City	State	Zip Code
	1445 Ross Avenue, Floor 22	Dallas	TX	75202
Name	Street or P.O. Box	City	State	Zip Code
O. If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation.	states or territories of the United S	States or District of Columbia t	o render a professional	service described in the
10. I certify that, as of the date of filing this				.s ioimation.
11. If a limited partnership, it elects to be	a ilmited liability limited partnership	<ul> <li>oneck the box it applicable</li> </ul>	·. 🗀	
12. If a limited liability company, check l	box if manager-managed:			
3. This application will be effective upon	filing.			
11. Who	Dur	ncan McQueen, Assistant Secretary	y 10/13/20	122
Signature of Authorized Representative		Printed Name & Title	10/10/20	Date
Corporation Service Co	mpany			
Type/Print Name of Registered Agent	, (	consent to serve as the registe	red agent on behalf of t	he business entity.
. , , , , , , , , , , , , , , , , , , ,	Ali Kochie	Δο	st. Secretary	10/21/2022
Ali Kochie				
Signature of Registered Agent	Printed Name	Title	e	Date