

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 business entity is a **limited liability company**.
2. The name of the entity is: **SEVARENT SOURCING SOLUTIONS, LLC**
3. The state or country whose law the entity is organized is **North Carolina**.
4. The date of organization is **7/9/2019** and the period of duration is **perpetual**.
This Filing is Effective on Wednesday, March 13, 2024
5. This entity is managed by Managers

6. Principal Office

629 Davis Drive Suite 300,
Morrisville, NC 27560

7. Required Representatives

Manager	Blake Hibray	629 Davis Drive, Suite 300	Morrisville	NC	27560
Manager	David G. Slezak	629 Davis Drive, Suite 300	Morrisville	NC	27560

8. Registered Agent/Office

National Registered Agents, Inc.
306 West Main Street - Suite 512
Frankfort, KY 40601

I, **Natalie Leiba-Paul, Assistant Secretary**, consent to sign for **National Registered Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, March 13, 2024

As the Authorized Representative, I, **Blake Hibray**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**