

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1286096.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/6/2023 10:46 AM Fee Receipt: \$90.00

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

Certificate of Authority

(Foreign Business Entity)

and, for that purpose, submits the follo 1. The entity is a: profit corpo		nonprofit corporation pro		professional limited liability company	
business tri	ust Iimited liak	oility company	statutory trust		
limited part	nership Itd cooper	ative association	public benefit corp	ooration	
non-profit II	c profession	nal service corporation	other		
2. The name of the entity is SyBridge D	igital Solutions LLC				
(The	name must be identical to the nam	e on record with the Se	ecretary of State.)	··································	
3. The name of the entity to be used in	n Kentucky is (if applicable):				
o. The hame of the chitty to be used if	(Only p	provide if "real name" is	s unavailable for use; othe	rwise, leave blank.)	
4. The state or country under whose la	aw the entity is organized is Delaware, t	JSA		<u> </u>	
5. The date of organization is 11.30.20		_and the period of dura	tion is	·	
O. The medition of the continue	and the stand of the standard		(If left blank, duration is	s considered perpetual.)	
6. The mailing address of the entity's part of the entity part of the en	principal oπice is	Chicago	IL	60607	
Street Address		City	State	Zip Code	
	nistant defficient Kantaslavia	o.i.y	otato	=.p	
 The street address of the entity's re West Main Street 	egistered office in Kentucky is	Frankfort	1///	40601	
Street Address (No P.O. Box Number	ers)	City	KYState	Zip Code	
and the name of the registered agent a	,	-			
8. The names and business addresse			re managere truetees or ge	neral nartners):	
o. The hames and business addresse	s of the entity's representatives (secre	-	is, managers, trustees or ge		
Byron J. Paul, CEO	20700 Civic Center Drive, Suite 430	Southfield	MI	48076	
Name	Street or P.O. Box 20700 Civic Center Drive, Suite 430	City Southfield	State	Zip Code 48076	
			MI		
Franklin McClelland, CFO	_	City	State		
Franklin McClelland, CFO Name	Street or P.O. Box	City Southfield	State MI	Zip Code 48076	
Franklin McClelland, CFO	_	City Southfield City	State MI State	2ip Code 48076 Zip Code	
Franklin McClelland, CFO Name Rushi Amin, Division Controller	Street or P.O. Box 20700 Civic Center Drive, Suite 430 Street or P.O. Box , all the individual shareholders, not lesore states or territories of the United S	Southfield City ss than one half (1/2) of t	MI State the directors, and all of the o	48076 Zip Code fficers other than the secretary	
Franklin McClelland, CFO Name Rushi Amin, Division Controller Name 9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation 10. I certify that, as of the date of filing	Street or P.O. Box 20700 Civic Center Drive, Suite 430 Street or P.O. Box , all the individual shareholders, not lesore states or territories of the United Son. this application, the above-named ent	Southfield City ss than one half (1/2) of t tates or District of Colum ity validly exists under the	MI State the directors, and all of the orbita to render a professional see laws of the jurisdiction of its	48076 Zip Code fficers other than the secretary service described in the	
Franklin McClelland, CFO Name Rushi Amin, Division Controller Name 9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation	Street or P.O. Box 20700 Civic Center Drive, Suite 430 Street or P.O. Box , all the individual shareholders, not lesore states or territories of the United Son. this application, the above-named ent	Southfield City ss than one half (1/2) of t tates or District of Colum ity validly exists under the	MI State the directors, and all of the orbita to render a professional see laws of the jurisdiction of its	48076 Zip Code fficers other than the secretary service described in the	
Franklin McClelland, CFO Name Rushi Amin, Division Controller Name 9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation 10. I certify that, as of the date of filing	Street or P.O. Box 20700 Civic Center Drive, Suite 430 Street or P.O. Box , all the individual shareholders, not lesore states or territories of the United Son. this application, the above-named enture a limited liability limited partnership.	Southfield City as than one half (1/2) of tates or District of Column ity validly exists under the Check the box if application.	MI State the directors, and all of the orbita to render a professional see laws of the jurisdiction of its	48076 Zip Code fficers other than the secretary service described in the	
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