

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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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 **profit corporation**.
2. The name of the entity is: **CENTRALIZED AGENCY SHARED SERVICES INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Texas**.
5. The date of organization is **3/24/1989** and the period of duration is **perpetual**.

7. Principal Office

c/o Eric J. Cleary, Omnicom Group Inc.
280 Park Avenue
New York, NY 10017

8. Required Representatives

Officer	Eric J. Cleary	280 Park Avenue New York	NY	10017
Officer	Robert Cohen	1999 Bryant StreetDallas	TX	75201
Officer	Mark Wenrick	1999 Bryant StreetDallas	TX	75201
Director	Eric J. Cleary	280 Park Avenue New York	NY	10017
Director	Louis Januzzi	1999 Bryant StreetDallas	TX	75201
Director	Peter Swiecicki	1999 Bryant StreetDallas	TX	75201
Officer	Peter Swiecicki	1999 Bryant StreetDallas	TX	75201
Secretary	Louis Januzzi	1999 Bryant StreetDallas	TX	75201
Officer	Joyce Kobilansky	1999 Bryant StreetDallas	TX	75201

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **John Long**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, July 20, 2023

As the Authorized Representative, I, **Eric J. Cleary**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Assistant Secretary**