

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/12/2023 10:31 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)

(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 Delaware 5. The date of organization is October 14, 1999 and the period of duration is (if left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 145 SWells St 9th Floor Chicago IL 60606 Street Address City State Zip Code 7. The street address of the entity's registered office in Kentucky is 421 West Main Street City State Zip Code 7. The street address of the entity's registered office in Kentucky is 421 West Main Street City State Zip Code 18 The name and the iname of the registered agent at that office is Corporation Service Company 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Anthony Mark von Mandl 4760 Belmont Ave Vancouver BC V6T 1A9 Name Street or P.O. Box City State Zip Code John Andrew Sacksteder 181 E Madison Elmhurst IL 60128 Name Street or P.O. Box City State Zip Code Amy Z. Rossi 600 S. Dearborn St #402 Chicago IL 60605 Name Street or P.O. Box City State Zip Code John Andrew Sacksteder Zip Code Amy Z. Rossi 600 S. Dearborn St #402 Chicago IL 60605 Name Street or P.O. Box City State Zip Code John Andrew Sacksteder Zip Code John Zip Code John Zip Code Zip Code John Zip Code John Zip Code Zip Code John Zip Code Jo	3. The name of the entity to be used in Kentucky is (if applicable): Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conly provide if "real name" is unavailable for use; otherwise, leave blank.) Conload Chicago IL Conload Chicago Chic		nanager-managed:				
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		1. The entity is a: profit corporation					
and, for that purpose, submits the following statements:	and, for that purpose, submits the following statements:		ments:				

FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic noncorporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS Michael Adams

OFFICE LOCATION Room 152. Capitol Building Secretary of State 700 Capital Avenue P.O. Box 718 Frankfort, KY 40601

Frankfort, KY 40602-0718

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any guestions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an annual report with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A statement of change of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.