

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1199849.06

dwilliams ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/30/2022 3:30 PM 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)

Pursuant to the provisions of KF and, for that purpose, submits the	RS 14A – 030 the undersigned herebare following statements:	y applies for authority to tran	sact business in Kentucky o	on behalf of the entity named be	
. The entity is a: profit	corporation	onprofit corporation	professional li	mited liability company	
busi		limited liability company		statutory trust	
	ed partnership	Itd cooperative association other			
non-	profit IIc pr	ofessional service corporatio	n		
. The name of the entity is SGX	(BUSINESS SOLUTIONS, LLC				
The hame of the entry is	(The name must be identical to t	he name on record with the	e Secretary of State.)		
	used in Kentucky is (if applicable):	(Only provide if "real name	e" is unavailable for use; o	otherwise, leave blank.)	
	hose law the entity is organized is CA	LIFORNIA			
. The date of organization is 10	0/16/2014	and the period of o		n is considered persetual.	
. The mailing address of the e	ntity's principal office is		(if left blank, duration	on is considered perpetual.)	
1365 N Scottsdale Rd Suite 100	nuty's principal office is	Scottsdale	AZ	85257	
treet Address		City	State	Zip Code	
The street address of the ent	ity's registered office in Kentucky is				
328 Lane Allen Road Suite 219		Lexington	KY	40504	
treet Address (No P.O. Box I	Numbers)	City	Sta	ate Zip Code	
nd the name of the registered a	agent at that office is Registered Agent	Solutions, Inc.			
			octore managere truetees o	r general partners):	
. The names and business add	dresses of the entity's representative	s (secretary, officers and dire	ectors, managers, trustees o	general partners).	
Shashidhar Jasthi	1365 N Scottsdale Rd Suite 100	Scottsdale	AZ	85257	
ame	Street or P.O. Box	City	State	Zip Code	
lame	Street or P.O. Box	City	State	Zip Code	
lame	Street or P.O. Box	City	State	Zip Code	
and treasurer are licensed in on statement of purposes of the co	* 1	United States or District of Co	olumbia to render a profession	onal service described in the	
I certify that, as of the date of	of filing this application, the above-na	med entity validly exists unde	er the laws of the jurisdiction	of its formation.	
1. If a limited partnership, it ele	ects to be a limited liability limited par	tnership. Check the box if a	pplicable:		
2. If a limited liability compan	y, check box if manager-managed				
3. This application will be effect	ctive upon filing.				
Surlate Par	4	SHASHIDHAR	JASTHI, CEO	3/30/2022	
Signature of Authorized Represer	ntative	Printed Name &		Date	
Registered Agent Solutions, Inc.		, consent to serve as th	e registered agent on behal	f of the business entity.	
Type/Print Name of Registered	Age				
	// //				
/	Ada	m Saldana	Asst. Secreta	ry 3/30/2022	