

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<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 **profit corporation**.
2. The name of the entity is: **IRIDESCE SOLUTIONS 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 **Delaware**.
5. The date of organization is **4/25/2023** and the period of duration is **perpetual**.

7. Principal Office

107 Church Street, Suite 303
Lexington, KY 40507

8. Required Representatives

Officer	Janelle Molloy	107 Church Street, Lexington Suite 303	KY	40507
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9. Registered Agent/Office

CAPITOL CORPORATE SERVICES, INC.
828 Lane Allen Road, Suite 219
Lexington, KY 40504

I, **Krista Abair**, consent to sign for **CAPITOL CORPORATE SERVICES, INC.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, April 27, 2023

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