COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1329509.06

kdcoleman ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/28/2023 10:43 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) FBE

Pursuant to the provisions of KRS 14A – 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:

Na	ame	Street or P.C	. Box		City	State	Zip C	ode	
8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):									
an	d the name of the regis	tered agent at that office is _	C T Cor	poration Syster	n			·	
Street Address (No P.O. Box Numbers)					City		State	Zip Code	
306 W. Main Street, Suite 512					Frankfort	KY	and the second se	0601	
7.	The street address of t	the entity's registered office i	n Kentuck	y is					
St	reet Address				City	State	Zip C	ode	
9	W 57TH ST FL				NEW YORK	NY	and the second se	9-2604	
6.	The mailing address of	f the entity's principal office is	S			(,	
5.	The date of organizatio	In IS 12/15/2025		a	and the period of duration is (If left blank, duration is considered perpetual.)				
	The date of organizatio		Jiganizeu		ad the period of durot	lion in		······································	
	4. The state or country under whose law the entity is organized is Delaware								
3.	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.)								
120	22211 10227300 76237				riecolu with the Se	cretary of State.)			
2.	The name of the entity	is Lexington Campus SL	BLLC	to the name or	n record with the Se	crotary of State)			
		non-profit llc	DILC	protessional s	ervice corporation	other			
		limited partnership			Itd cooperative association		public benefit corporation		
		business trust	~	infined nability			tatutory trust		
1.	The entity is a.		×	nonprofit corporation limited liability company		The mention of the			
1	The entity is a:	profit corporation		nonprofit corp	oration	professio	professional limited liability company		

Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

Signature of Authorized Representative

I, C T Corporation System Type/Print Name of Registered Agent	, consent to serve	, consent to serve as the registered agent on behalf of the business entity.				
C T Corporation System By: Sandra Zwe	sandra Zwijack	Assistant Secretary	12/20/2023			
Signature of Registered Agent	Printed Name	Title	Date			

Steven Orbuch, Authorized Person

Printed Name & Title

12/20/2023

Date