

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
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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 **nonprofit corporation**.
2. The name of the entity is: **ASSOCIATION OF BACCALAUREATE PROGRAM DIRECTORS**
3. The name of the entity to be used in Kentucky is (if applicable): **ASSOCIATION OF BACCALAUREATE PROGRAM DIRECTORS INC.**
4. The state or country whose law the entity is organized is **Virginia**.
5. The date of organization is **2/27/2015** and the period of duration is **perpetual**.

7. Principal Office

333 John Carlyle Street
Alexandria, VA 22314

8. Registered Agent/Office

Peggy Pittman-Munke
15 Queensway Drive
Murray, KY 42071

I, **Peggy Pittman-Munke**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, February 28, 2023

As the Authorized Representative, I, **Peggy Pittman-Munke**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Treasurer**