



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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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 KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the foreign entity named below and, for that purpose, submits the following statements:

1. The entity is a: ☐ profit corporation ☒ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the foreign entity is Replays, Inc.
(The name must be identical to the name on record in the state or country where the foreign entity was formed.)

3. The name of the foreign entity to be used in Kentucky is (if applicable): _____
(Only provide if name on line 2 is unacceptable for use; otherwise, leave blank.)

4. The state or country under whose law the foreign entity is organized is Delaware

5. The date of organization is 11/7/2024 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the foreign entity's principal office is
220 Lexington Green Circle, Suite 301 Lexington KY 40503
Street Address City State Zip Code

7. The street address of the foreign entity's registered office in Kentucky is
828 Lane Allen Road Lexington KY 40504
Street Address City State Zip Code

and the name of the registered agent at that office is Cogency Global Inc.

8. The names and business addresses of the foreign entity's representatives (e.g., secretary, officers and directors, managers, trustees, or general partners):				
Brandon Hatton	220 Lexington Green Circle, Suite 301	Lexington	KY	40503
Name	Street or P.O. Box	City	State	Zip Code
Serur Dawahare	3313 Lyon Drive	Lexington	KY	40512
Name	Street or P.O. Box	City	State	Zip Code
Tom Cardiff	249 West Showalter Drive	Georgetown	KY	40324
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 foreign 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.

Signed by: Brandon Hatton
Signature of Authorized Representative

Brandon Hatton, Director
Printed Name & Title

12/5/2024
Date

I, Cogency Global Inc., consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

Signature of Registered Agent

Leonardo R. Lora
Printed Name

Assistant Secretary
Title

12/06/2024
Date