

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1274415

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: **BRIGHTSIDE BENEFIT, 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 **1/19/2017** and the period of duration is **perpetual**.

7. Principal Office

55 N. ARIZONA PLACE, SUITE 200
CHANDLER, AZ 85225

8. Required Representatives

Officer	Tom Spann	55 N. ARIZONA PLACE, SUITE 200	CHANDLER	AZ	85225
Secretary	TOM CROWLEY	55 N. ARIZONA PLACE, SUITE 200	CHANDLER	AZ	85225
Director	Alex Rampell	55 N. ARIZONA PLACE, SUITE 200	CHANDLER	AZ	85225
Director	SCHWARK SATYAVOLU	55 N. ARIZONA PLACE, SUITE 200	CHANDLER	AZ	85225
Director	CALLUM KING	55 N. ARIZONA PLACE, SUITE 200	CHANDLER	AZ	85225
Director	RICKY FRAZIER	55 N. ARIZONA PLACE, SUITE 200	CHANDLER	AZ	85225
Director	VISHAL VASISHTH	55 N. ARIZONA PLACE, SUITE 200	CHANDLER	AZ	85225

9. Registered Agent/Office

Incorporating Services, Ltd.
828 Lane Allen Road Suite 219
Lexington, KY 40504

I, **Devon Wheelock, Assistant Secretary**, consent to sign for **Incorporating Services, Ltd.** who serves as the **Registered Agent** on behalf of this Entity.

on Wednesday, April 12, 2023

As the Authorized Representative, I, **TOM CROWLEY**, declare under penalty of perjury of Kentucky that the foregoing is true and correct. Title: **Secretary**

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Michael G. Adams

KY Secretary of State

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Fee receipt: \$90.00

