



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 10/5/2022 1:57 PM
 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)

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:

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 entity is ENGAGING SOLUTIONS, LLC
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): ENGAGING SOLUTIONS, LLC
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 01/19/2005 and the period of duration is PERPETUAL
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
3965 N MERIDIAN ST STE 1B INDIANAPOLIS IN 46208
Street Address **City** **State** **Zip Code**

7. The street address of the entity's registered office in Kentucky is
212 N. 2nd St. STE 100 Richmond KY 40475
Street Address (No P.O. Box Numbers) **City** **State** **Zip Code**

and the name of the registered agent at that office is Registered Agents Inc

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
TAMMY BUTLER	3965 N MERIDIAN ST STE 1B	INDIANAPOLIS	IN	46208
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.

<u>/s/ Tammy Butler</u>	<u>TAMMY BUTLER, PRESIDENT</u>	<u>10/4/2022</u>
Signature of Authorized Representative	Printed Name & Title	Date

I, Registered Agents Inc, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

<u>Bill Havre</u>	<u>Bill Havre</u>	<u>Assistant Secretary</u>	
Signature of Registered Agent	Printed Name	Title	Date