

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1254216.09

tsemones ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 1/19/2023 8:59 AM

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)	Fee Receipt: \$90.00
Pursuant to the provisions of KRS 14A – 030	the undersigned hereby applies for authority to transact busine	ess in Kentucky on behalf of the entity named belo

Pursuant to the provisions of KRS 14A – 030 the undersignand, for that purpose, submits the following statements:	ned hereby applies for authority to t	transact business in Kentu	cky on behalf of the entity named below		
1. The entity is a: profit corporation business trust limited partnership non-profit lic	nonprofit corporation limited liability company ltd cooperative association professional service corpora	statutory	nal limited liability company trust		
2. The name of the entity is The Flex Company			·		
(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):(Only provide if "real name" is unavailable for use; otherwise, leave blank.)					
4. The state or country under whose law the entity is organ	ized is Delaware		se; otherwise, leave blank.)		
5. The date of organization is $08/08/2015$	and the period	of duration is	ration is considered perpetual.)		
6. The mailing address of the entity's principal office is		(II left blank, de			
318 Lincoln St., #200	Venice	CA	90291		
Street Address	City	State	Zip Code		
7. The street address of the entity's registered office in Ke			40601		
306 W. Main Street, Suite 512,	Frankf		40601 State Zip Code		
Street Address (No P.O. Box Numbers)	Ci	ty	State Zip Code		
and the name of the registered agent at that office is Nati	onal Registered Agents, Inc.				
8. The names and business addresses of the entity's repre	esentatives (secretary, officers and	directors, managers, truste	es or general partners):		
Jacqueline L. Piscitello (Sec.) 318 Lincoln St.,		CA	90291		
Name Street or P.O. Bo		State	Zip Code		
Pan Wang (Treas.) 318 Lincoln St	., #200 Venice	CA	90291		
Name Street or P.O. Bo		State	Zip Code		
SEE ATTACHED	0:4	State	Zip Code		
Name Street or P.O. Bo	city City	State	Zip Gode		
 If a professional service corporation, all the individual sh and treasurer are licensed in one or more states or territori statement of purposes of the corporation. 	es of the United States or District o	t Columbia to render a pro	essional service described in the		
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.					
Jacqueline L. Piscitello	Jacqueline L. Pisci	tello, Secretary	01/12/2023		
Signature of Authorized Representative	Printed Nam	e & Title	Date		
National Registered Agents, Inc.	, consent to serve a	s the registered agent on b	pehalf of the business entity.		
Type/Print Name of Registered Agent					
By: DewNathmalinegistured Agents, Inc.	Denise Annunciata	Assistant Secret			
Signature of Registered Agent	Printed Name	Title	Date		

ATTACHMENT TO CERTIFICATE OF AUTHORITY

OF

THE FLEX COMPANY

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

Lauren Schulte Wang (President/CEO)

318 Lincoln St., #200, Venice, CA 90291

Karen Howland (Director)

548 Market Street, PMB 60874, San Francisco, CA 94104

Lauren Schulte Wang (Director)

318 Lincoln St., #200, Venice, CA 90291

Pan Wang (Director)

318 Lincoln St., #200, Venice, CA 90291