



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 12/1/2023 10:44 AM
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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 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 ☐ public benefit corporation
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is Accel Services 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): _____

(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 Delaware

5. The date of organization is 09/29/2023

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

1750 Tysons Blvd., Suite 1300

Street Address

McLean

City

VA

State

22102

Zip Code

7. The street address of the entity's registered office in Kentucky is

421 West Main Street

Street Address (No P.O. Box Numbers)

Frankfort

City

KY

State

40601

Zip Code

and the name of the registered agent at that office is Corporation Service Company

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

Accel Schools LLC

Name

1750 Tysons Blvd., Suite 1300

Street or P.O. Box

McLean

City

VA

State

2102

Zip Code

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.

Maria A. Szalay
Signature of Authorized Representative

Maria A. Szalay, Chief Operating Off.

Printed Name & Title

11/29/2023
Date

I, Corporation Service Company

Type/Print Name of Registered Agent

consent to serve as the registered agent on behalf of the business entity.

Shauna Godbolt
Signature of Registered Agent

Shauna Godbolt,

Corporation Service Company

Printed Name

Assistant Secretary

Title

11/30/2023

Date