

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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 **limited liability company**.
2. The name of the entity is: **YOURPAY LLC**
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 **7/1/2019** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

2900 Westside Parkway
Alpharetta, GA 30004

8. Required Representatives

Manager	Melanie Bever	One Western Maryland Parkway	Hagerstown	MD	21740
Member	First Data Corporation	255 Fiserv Drive	Brookfield	WI	53045

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Kelly Marinelli**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, August 28, 2023

As the Authorized Representative, I, **Beth Krause obo First Data Corporation**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Corporate Paralegal/Authorized Signor**