

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 **profit corporation**.
2. The name of the entity is: **ZENNIFY, 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 **3/14/2014** and the period of duration is **perpetual**.

7. Principal Office

2775 Navigator Dr. Ste 100
Meridian, ID 83642

8. Required Representatives

Director	Lisa Burton	2775 Navigator Dr. Meridian Ste 100	ID	83642
Officer	Christina Bailey	2775 Navigator Dr. Meridian Ste 100	ID	83642
Officer	Chris Conant	2775 Navigator Dr. Meridian Ste 100	ID	83642
Officer	Matt Henwood	2775 Navigator Dr. Meridian Ste 100	ID	83642

9. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504

I, **Amanda Morehouse** on behalf of **InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, October 19, 2023

As the Authorized Representative, I, **Christina Bailey**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Treasurer**