

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

1269524  
Michael G. Adams  
KY Secretary of State  
Received and Filed

3/22/2023 11:47:28 AM

Fee receipt: \$90.00

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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: **EDUPOINT EDUCATIONAL SYSTEMS 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 **California**.
5. The date of organization is **1/13/1997** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

1955 S Val Vista Drive Ste 200  
Mesa, AZ 85204

**8. Required Representatives**

<b>Member</b>	Robert E Weathers	1955 S Val Vista Drive Ste 200	Mesa	AZ	85204
<b>Member</b>	Rob Wilson	1955 S Val Vista Drive Ste 200	Mesa	AZ	85204
<b>Member</b>	Tom McGrew	1955 S Val Vista Drive Ste 200	Mesa	AZ	85204
<b>Member</b>	Mike Lehrack	1955 S Val Vista Drive Ste 200	Mesa	AZ	85204

**9. Registered Agent/Office**

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

I, **Heather Glenn 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 Wednesday, March 22, 2023

As the Authorized Representative, I, **Robert E. Weathers**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**