

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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: **ONLINE DATA EXCHANGE LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **5/21/2004** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

12276 San Jose Blvd  
Ste 427  
JACKSONVILLE, FL 32223

**8. Required Representatives**

<b>Manager</b>	David Vaughn	12276 San Jose Blvd, Ste 427	JACKSONVILLE	FL	32223
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**9. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Rob Branch**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, November 10, 2022

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