

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

1/24/2024 7:09:46 PM

Fee receipt: \$90.00

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: **BAILEY EDUCATION GROUP, LLC**
3. The state or country whose law the entity is organized is **Mississippi**.
4. The date of organization is **10/24/2007** and the period of duration is **perpetual**.  
This Filing is Effective on Wednesday, January 24, 2024
5. This entity is managed by Managers

**6. Principal Office**

201 PARK COURT, STE B  
RIDGELAND, MS 39157

**7. Required Representatives**

Manager	GARY C BAILEY	201 PARK COURT, STE B	RIDGELAND	MS	39157
Manager	PATT ROSS	201 PARK COURT, STE B	RIDGELAND	MS	39157
Manager	HANK BOUNDS	201 PARK COURT, STE B	RIDGELAND	MS	39157

**8. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Ethan Scott**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, January 24, 2024

As the Authorized Representative, I, **GARY C BAILEY**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **MANAGING MEMBER**