

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 entity is a **nonprofit corporation**.
2. The name of the entity is
PALM BEACH ATLANTIC UNIVERSITY, INC.
3. The state or country under whose law the entity is organized is **Florida**.
4. The date of organization is **6/13/1968** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
901 S. Flagler Drive, West Palm Bch, FL 33401
6. The name of the initial registered agent is

InCorp Services, Inc.

and the street address of the entity's initial registered office in Kentucky is

828 Lane Allen Rd Ste 219, Lexington, KY 40504-3659

7. The names and business addresses of the entity's representatives:

Director	Stacie Bowie	901 S. Flagler Drive, West Palm Bch, FL 33401
Director	Michael Stevens	901 S. Flagler Drive, West Palm Bch, FL 33401
Secretary	Wayne Cotton	901 S. Flagler Drive, West Palm Bch, FL 33401
Director	Debra Schwinn	901 S. Flagler Drive, West Palm Bch, FL 33401

8. This filing will be effective on **Wednesday, October 30, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Chief Financial Officer: Stacie Bowie**

I, **Taylor Santizo 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, October 30, 2024.