

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
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<http://www.sos.ky.gov>

Certificate of Authority

RCA

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: EXPERIENTIAL SQUARED, INC.
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Delaware.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

120 Kentucky Avenue
Suite 110
Lexington, KY 40502

Registered Agent Name/Address

KENTUCKY LENDERS ASSISTANCE, INC.
828 LANE ALLEN ROAD
SUITE 219
FRANKFORT, KY 40504

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Michael Behrens on 12/1/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. KENTUCKY LENDERS ASSISTANCE, INC. on 12/1/2022