

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

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

2456 Fortune Avenue
Suite 110
Lexington, KY 40509

Registered Agent Name/Address

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

Current Officers

President	Michael Behrens	2456 Fortune Avenue Lexington KY 40509
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6. Chris Ransom, CFO, on 11/17/2023

7. I, KENTUCKY LENDERS ASSISTANCE, INC., consent to serve as the registered agent on behalf of the this entity on 11/17/2023