Commonwealth of Kentucky Michael G. Adams, Secretary of St.

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Michael G. /.......
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. It is an entity organized and existing under the laws of the state of Delaware.
- 4. 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

Ryan Quinn 129 Walton Avenue Lexington, KY 40508

Current Officers

President

Michael Behrens

2456 Fortune Avenue Lexington KY 40509

- 6. Chris Ransom, CFO, on 11/15/2024
- 7. I, Ryan Quinn, consent to serve as the registered agent on behalf of the this entity on 11/15/2024