

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

1071633.09

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/17/2019 4:42 PM

Fee Receipt: \$90.00

Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Auth (Foreign Business En			FBE
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and			reby applies for authori	ity to transact business in Kentucky
business trus	et (KRS 386). Imited limited limited (KRS 362). Itd cooper (KRS 275)	fit corporation (KRS 273) liability company (KRS 275) perative assn. (KRS) ative assn. (KRS)	A CONTRACTOR OF THE PARTY OF TH	ervice corporation (KRS 274) mited liability company (KRS 275)
2. The name of the entity is EdjSports (The name)	ne must be identical to the name on		tate.)	·
3. The name of the entity to be used in	rentucky is (ii applicable).	S Holdings Inc. y provide if "real name" is unay	mitable for year athornis	o loave blank )
4. The state or country under whose lav		• • • • • • • • • • • • • • • • • • • •	valiable for use, otherwise	e, leave dame,
5. The date of organization is 09/05/20		and the period of duration	on is	
			(If left blank, the period	of duration is considered perpetual.
<ol><li>The mailing address of the entity's pr 732 E. Market Street</li></ol>	incipal office is	Louisville	KY	40202
Street Address		City	State	Zip Code
7. The street address of the entity's reg	istered office in Kentucky is	711	100	40000
732 E. Market Street Street Address (No P.O. Box Numbers)		Louisville City	KY State	40202 Zip Code
and the name of the registered agent at	that office is Sean O'Leary	Olly	o.u.o	
The names and business addresses		cretary, officers and directors	, managers, trustees or	r general partners):
Sean O'Leary	732 E. Market Street	Louisville	KY	40202
Name	Street or P.O. Box	City	State	Zip Code
John Barkeley Name	732 E. Market Street Street or P.O. Box	Louisville	KY State	40202 Zip Code
				• • • • • • • • • • • • • • • • • • • •
Name	Street or P.O. Box	City	State	Zip Code
<ol> <li>If a professional service corporation, all the incomore states or territories of the United States or I</li> </ol>	lividual shareholders, not less than one his District of Columbia to render a profession	alf (1/2) of the directors, and all of the service described in the statement	ne officers other than the sec nt of purposes of the corpora	retary and treasurer are licensed in one or ation.
10. I certify that, as of the date of filing to				
11. If a limited partnership, it elects to be			able:	
<ul><li>12. If a limited liability company, check</li><li>13. This application will be effective upo</li></ul>	n filing, unless a delayed effective	] e date and/or time is provided	l.	
The effective date or the delayed effecti				
Please indicate the Kentucky county in w County: Jefferson	hich your business operates:			
	To complete the follow	ring, please shade the box comp	oletely.	
Please indicate the size of your business:  Small (Fewer than 50 employees)  Large (50 or more employees)		er any of the following make u		t (50%) of your business ownership:
Please indicate which of the following be	st describes your business:			
Agriculture Minin		Construction		
□ Wholesale Trade     □ Public Administration     □ Other     □ Other	Trade Manufacturing portation, Communications, Electric,		nce, Real Estate	
5		Sean O'Leary, Chief Exec	utive Officer 09	/16/2019
Signature of Authorized Representative	7	Printed Name & Title	20 0 111001 00	Date
Sean O'Leary	<i></i>	, consent to serve as the reg	istered agent on behalf	f of the business entity.
Pype/Print Name of Registered Agent	Sean O'Le	eary C	Chief Executive Office	er 09/16/2019
Signature of Registered Agent	Printed Name		Title	Date
(05/17)				