

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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

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 business entity is a **limited liability company**.
2. The name of the entity is: **KIDSTRONG DFLEX LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **12/27/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

PO Box 1510
Frisco, TX 75034

8. Required Representatives

Manager	Megan Stein	PO Box 1510	Frisco	TX	75034
Manager	Matt Sharp	PO Box 1510	Frisco	TX	75034

9. Registered Agent/Office

Katie Ruggles
201 Greenbriar Road
Lexington, KY 40503

I, **Katie Ruggles**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Wednesday, July 5, 2023

As the Authorized Representative, I, **Megan Stein**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**