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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
6/21/2012 11:15 AM
Fee Receipt: $90.00

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274,275, 362 and 386 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 entity is a : ☐ profit corporation (KRS 271B). ☐ nonprofit corporation (KRS 273). ☐ professional service corporation (KRS 274). ☐ business trust (KRS 386). ☑ limited liability company (KRS 275). ☐ professional limited liability company (KRS 275). ☐ limited partnership (KRS 362).

2. The name of the entity is Institute of Social Circus & Vocational Training Center L3C
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): Institute of Social Circus & Vocational Training Center LLC
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Vermont

5. The date of organization is January 21, 2011 and the period of duration is Perpetual
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
2716 Old Rosebud, STE 201A | Lexington | KY | 40509
Street Address | City | State | Zip Code

7. The street address of the entity's registered office in Kentucky is
2716 Old Rosebud, STE 201A | Lexington | KY | 40509
Street Address (No P.O. Box Numbers) | City | State | Zip Code
and the name of the registered agent at that office is Northwest Registered Agent, LLC

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Paul Miller	2716 Old Rosebud Ste 201	Lexington	KY	40509

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.
The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____ (Delayed effective date and/or time)

Signature of Authorized Representative | Paul Miller Manager (Printed Name & Title) | 06/04/2012 (Date)

I, Northwest Registered Agent, LLC (Type/Print Name of Registered Agent), consent to serve as the registered agent on behalf of the business entity.

Signature of Registered Agent | Dan Keen (Printed Name) | Manager (Title) | 06/04/2012 (Date)

(01/12)