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COMMONWEALTH OF KENTUCKY

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/2/2023 2:48 PM MICHAEL G. ADAMS, SECRETARY OF STATE Fee Receipt: \$90.00

Division of Business Filings Pranktic, IX 4002 (S0) 964-100 www.sol. 1002       FBE         Porsant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to tranact business in Kentucky on behalf of the entity named and, for that purpose, submits the following statements:       Image provisions of KRS 14A – 030 the undersigned hereby applies for authority to tranact business in Kentucky on behalf of the entity named and, for that purpose, submits the following statements:       Image provisions of KRS 14A – 030 the undersigned hereby applies for authority to tranact business in Kentucky on behalf of the entity named and, for that purpose, submits the following statements:       Image provisions of KRS 14A – 030 the undersigned hereby applies for authority to tranact business in Kentucky on behalf of the entity is following statute or trust through participation is professional service corporation professional service corporation professional service corporation in the participation is following statute or trust (The name must be identical to the name on record with the Secretary of State.)         3. The name of the entity is principal office is 6558 Headquarter DV. W25A Street Address of the entity's principal office is 6558 Headquarter DV. W25A The state of organization is 7/10/2023 and the participation is 7/10/2023 and the participation is 7/10/2023 and the name of the registered agent at that office is CT Corporation System       Franktor Y X 700/4         8. The names and business addresses of the entity's registered office is for Kentucky is 5658 Headquarter DV. W25A The street address of the entity's registered office is for Kentucky is 5658 Headquarter DV. W25A The street address of the entity's registered office is for Corporation System       Franktor Y X 700/4         8. The names and bus					
and, for that purpose, submits the following statements:          1. The entity is a:       profit corporation       innited liability company         1. The entity is a:       profit corporation       professional service corporation       public benefit corporation         2. The name of the entity is Bulp UNO bitly LUC       (The name on record with the Secretary of State.)       inted diability company         3. The name of the entity is bulp UNO bitly LUC       (The name on record with the Secretary of State.)         3. The name of the entity is organized is Delaware       (Only provide if "real name" is unavailable for use; otherwise, leave blank.)         4. The state or county under whose law the entity is organized is Delaware       (If et blank, duration is considered perpetual.)         5. The date of organization is 7/10/2023       and the period of duration is         6. The mailing address of the entity's registered office is CEC corporation System       TX         7. The stretet address of the entity's registered office is CEC corporation System       Erawtod         8. The name of the registered agent at that office is CE CE corporation System       Strete tor PO. Box         8. The name and business addresses of the entity's regresentatives (secretary, officers and directors, managers, trustees or general partners):         Scott Cocke       Strete or PO. Box       City       State       Zip Code         Mame       Street or PO. Box       City       State       Zip Code<	P.O. Box 718 Frankfort, KY 40602 (502) 564-3490				FBE
1. The entity is a:       profit corporation business trust business business business business business address of the entity is organized is Delevare       professional service corporation business business business business business business address of the entity is organized is Delevare         2. The name of the entity to be used in Kentucky is (if applicable):       (Only provide if "real name" is unavailable for use; otherwise, leave blank.)         3. The name of the entity to be used in Kentucky is (if applicable):       (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 Delevare       and the period of duration is trust or is considered perpetual.)         5. The date of organization is 7/12/022       and the period of duration is trust or is considered perpetual.)         6. The mailing address of the entity's registered office is 6/12 (More State Zip Code       TX         7. The street address of the entity's registered office is 6/12 (Code dath hand of the registered agent at that office is 5/12 (Code dath and office is 5/12 (Code dath and office is 0/12 (Code dath and dath and dath adth adth addres of 0/12 (Code dath addre			applies for authority to transact b	ousiness in Kentu	cky on behalf of the entity named below
business trust     business     busine     business     business     busine     busin					
□       Initial partnership       □       bit decoperative association       public benefit corporation         2       The name of the entity is BEPU PMobBy LLC       (The name nust be identical to the name on record with the Secretary of State.)         3       The name of the entity is buy to be used in Kentucky is (if applicable):       (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 Delaware	1. The entity is a: profit corpora	tion non	profit corporation	profession	nal limited liability company
□       non-profit lc       □       professional service corporation       □ other         2. The name of the entity is Step U 9Mbbitly LLC (The name must be identical to the name on record with the Secretary of State.)	business trus	ed liability company	statutory trust		
2 The name of the entity is Step Up Mobility LLC (The name must be identical to the name or record with the Secretary of State.] 3. The name of the entity to be used in Kentucky is (if applicable). (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 Delaware 5. The date of organization is 7/10/2023 and the period of duration is 6. The mailing address of the entity's principal office is 6. State address of the entity's principal office is 6. The street address of the entity's registered office in Kentucky is 306 West Main State. Stule 512 Frankfort Street Address Oty State Zip Code 7. The street address of the entity's registered office in Kentucky is 306 West Main State. Stule 512 Frankfort Street Address (No P.O. Box Numbers) City State Zip Code 7. The street address of P.O. Box Numbers) City State Zip Code 7. The name and business addresses of the entity's regresentatives (secretary, officers and directors, managers, trustees or general partners): Socid Code 5555 Headquarters Dr, W2-5A Name Street of P.O. Box City State Zip Code Name Street or P.O. Box	limited partne	ership Itd c	ooperative association	public ber	nefit corporation
2 The name of the entity is Step Up Mobility LLC (The name must be identical to the name or record with the Secretary of State.) 3. The name of the entity to be used in Kentucky is (if applicable). (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 Delaware 5. The date of organization is 7/10/2023 and the period of duration is 6. The mailing address of the entity's principal office is 6555 Headquarters Dr, W2-SA Plano TX 75024  5. The street address of the entity's registered office in Kentucky is 305 West Main Street. Sule 512 Frankfort Street Address (NP P.O. Box Numbers) 7. City 7. Tate 7. Toto24 7. The street address of P.O. Box Numbers) 7. City 7. Tate 7. Toto24 7. The name and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): 5. Sociol Code 5555 Headquarters Dr, W2-SA Plano TX 7. 75024 7. The name and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): 5. Sociol Code 5555 Headquarters Dr, W2-SA Plano TX 7. 75024 Name 5. Street of P.O. Box City State 7. Do City State 7. City 7. State 7. Code 7. The name and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): 5. Sociol Code 555 Headquarters Dr, W2-SA Plano TX 7. 75024 Name 5. Street of P.O. Box City State 7. City State 7. City State 7. Code 1. A 7. 75024 Name 5. Street or P.O. Box City State 7. City State 7. Code 1. A 7. 75024 Name 5. Street or P.O. Box City State 7. City State 7. Code 1. A 7. 75024 Name 5. Street or P.O. Box City State 7. City State 7. Code 1. A 7. 75024 Name 5. Street or P.O. Box City State 7. City State 7. Code 1. A 7. 75024 Name 5. Street or P.O. Box City State 7. City State 7. Code 1. A 7. 75024 Name 5. Street or P.O. Box City State 7. City State 7. Code 1. A 7. 75024 Name 5. Street or P.O. Box City State 7. City St	non-profit IIc	prof	essional service corporation	other	
(The name must be identical to the name on record with the Secretary of State.)         (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 Delaware	140 M				
<ol> <li>The name of the entity to be used in Kentucky is (if applicable)</li></ol>	2. The name of the entity is cop of price (The r	name must be identical to the	e name on record with the Secr	retary of State.)	······································
(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 Delaware         5. The date of organization is 7/10/2023         and the period of duration is         6. The mailing address of the entity's principal office is         6. The mailing address of the entity's principal office is         7. The street address of the entity's registered office in Kentucky is         306 West Main Street, Suite 512         7. The street address (No P.O. Box Numbers)         6. The mailing address of the entity's registered office is CT Corporation System         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):         Scott Cocke       6565 Headquarters Dr, W2-5A         Plano       TX         75024         Name       Street or P.O. Box         City       State         Zip Code         Gass Headquarters Dr, W2-5A       Plano         TX       75024         Name       Street or P.O. Box         City       State         Zip Code         Chass Headquarters Dr, W2-5A       Plano         TX       75024         Name       Street or P.O. Box         City       State <td></td> <td></td> <td></td> <td>·····,</td> <td></td>				·····,	
4. The state or country under whose law the entity is organized is Delaware         5. The date of organization is 7/10/2023       and the period of duration is	3. The name of the entity to be used in r	Centucky is (if applicable):	Only provide if "real name" is u	inavailable for us	se: otherwise leave blank !
5. The date of organization is 7/10/2023       and the period of duration is (If left blank, duration is considered perpetual.)         6. The mailing address of the entity's principal office is 6565 Headquarters Dr, W2-5A       Plano       TX       75024         Street Address       City       State       Zip Code         7. The street address of the entity's registered office in Kentucky is 306 West Main Street. Suite 512       Frankfort       KY       40601         Street Address (No P.O. Box Numbers)       City       State       Zip Code         and the name of the registered agent at that office is <u>CT Corporation System</u> 6556 Headquarters Dr, W2-5A       Plano       TX       75024         Street Address (No P.O. Box Numbers)       City       State       Zip Code         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Soci Cooke       6556 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code       City Code         Inas Udys       6555 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Inas Udys       6555 Headquarters Dr, W2-5A       Plano       TX	A The state or country under whose law	-			se, otherwise, leave blank.
6. The mailing address of the entity's principal office is       1555 Headquarters Dr, W2-5A       Plano       TX       75024         Street Address       City       State       Zip Code       7.         305 West Main Street, Suite 512       Frankfort       KY       40601         Street Address (No P.O. Box Numbers)       City       State       Zip Code         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Scott Cocke       6565 Headquarters Dr, W2-5A       Plano       TX       75024         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Scott Cocke       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code       City Code		the entity is organized is		n is	
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7. The street address of the entity's registered office in Kentucky is       Frankfort       KY       40601         Street Address (No P.O. Box Numbers)       City       State       Zip Code         and the name of the registered agent at that office is CT Corporation System       .       The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):         Scott Cooke       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         In a name of 6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         In a bidrya       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         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 se	6565 Headquarters Dr, W2-5A		Plano	тх	75024
200 West Main Street Suite 512       Frankfort       KY       40601         Street Address (No P.O. Box Numbers)       City       State       Zip Code         and the name of the registered agent at that office is CT Corporation System       City       State       Zip Code         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Socit Cocke       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Grace Mullings       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Linas Udrys       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         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 secret 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 formatio	Street Address		City	State	Zip Code
200 West Main Street: Suite 512       Frankfort       KY       40601         Street Address (No P.O. Box Numbers)       City       State       Zip Code         and the name of the registered agent at that office is CT Corporation System       City       State       Zip Code         8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):       Sout Cocke       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Grace Mullings       6555 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Linas Udrys       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         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 secret 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 formatio	7. The street address of the entity's regi	stered office in Kentucky is			
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and the name of the registered agent at that office is CT Corporation System  8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Scott Cocke  6565 Headquarters Dr, W2-5A Plano TX 75024  Name Street or P.O. Box City State Zip Code Linas Udrys 6565 Headquarters Dr, W2-5A Plano TX 75024  Name Street or P.O. Box City State Zip Code 10 10 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 secr 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 liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I a limited liability company, check box if manager-managed: I brief Name & Title I brief Name & Title I bate I comporation I by: Terrife Bates, Asst. Secv.	Street Address (No P.O. Box Numbers	5)	City		
8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):          Scott Cooke       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Grace Mullings       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Linas Udrys       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Inas Udrys       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         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 of purposes of the corporation.       Iters 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.       Iters and treasurer are licensed in bity imited partnership. Check the box if applicable:       Iters and treasurer are licensed in bity application, the above-named entity validly exists under the laws of the jurisdiction of its formation.	10	8			
Scott Cocke       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Grace Mullings       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         Name       Street or P.O. Box       City       State       Zip Code         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 secr       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:       allow         12. If a limited fiability company, check box if manager-managed:       Imas Udrys, Secretary	and the name of the registered agent at	that office is of corporation sy			
Name       Street or P.O. Box       City       State       Zip Code         Grace Mullings       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Linas Udrys       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         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 secr         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 secr         9. If a professional service corporation.       City       State       Zip Code         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 secr       Trip Code         9. If a professional service decorporation.       City       State       Zip Code         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.       II         11. If a limited liability company, check box if manager-managed:       Imas Udrys, Secretary       8/2/2023         Signature of Authortzed	8. The names and business addresses	of the entity's representatives	secretary, officers and directors,	managers, truste	es or general partners):
Name       Street or P.O. Box       City       State       Zip Code         Grace Mullings       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Linas Udrys       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         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 secr         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 secr         9. If a professional service corporation.       City       State       Zip Code         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 secr       Trip Code         9. If a professional service decorporation.       City       State       Zip Code         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.       II         11. If a limited liability company, check box if manager-managed:       Imas Udrys, Secretary       8/2/2023         Signature of Authortzed	Scott Cooke	6565 Headquarters Dr. W2-54	Plano	тх	75024
Grace Mullings       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         Linas Udrys       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         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 secr       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:					
Name       Street or P.O. Box       City       State       Zip Code         Inas Udrys       6555 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         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 secr 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:       Image: Corporation will be effective upon filing.         Image: Corporation will be effective upon filing.       Linas Udrys, Secretary       8/2/2023         Signature of Authorized Representative       Printed Name & Title       Date         1, C.T.Corporation System Type/Print Name of Registered Agent       , consent to serve as the registered agent on behalf of the business entity.       8/2/2023         By: Terrie Bates, Asst. Secv.       8/2/2023					man Second and a
Linas Udrys       6565 Headquarters Dr, W2-5A       Plano       TX       75024         Name       Street or P.O. Box       City       State       Zip Code         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 secr 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. If a limited liability company, check box if manager-managed:         Imas Udrys, Secretary       8/2/2023         Signature of Authorized Representative       Printed Name & Title       Date         1. C T Corporation System TypePrint Name of Registered Agent       , consent to serve as the registered agent on behalf of the business entity.       8/2/2023					
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 secret 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. If a limited liability company, check box if manager-managed:         13. This application will be effective upon filing. <u>Margana Linas Udrys, Secretary</u> <u>8/2/2023</u> <u>8/2/2023</u> <u>Signature of Authorized Representative</u> , consent to serve as the registered agent on behalf of the business entity. <u>By: Terrie Bates, Asst. Secv.</u> <u>8/2/2023</u> <u>10. 10. 10. 10. 10. 10. 10. 10. 10. 10. </u>	Linas Udrys		•		•
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. If a limited liability company, check box if manager-managed:         13. This application will be effective upon filing.         Image: Signature of Authorized Representative         11. C T Corporation System         Type/Print Name of Registered Agent         By: Terrie Bates, Asst. Secv.         8/2/2023	Name	Street or P.O. Box	City	State	Zip Code
11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:       □         12. If a limited liability company, check box if manager-managed:       ✓         13. This application will be effective upon filing.       ✓         ✓       ✓         Signature of Authorized Representative       Einas Udrys, Secretary         I.       CT Corporation System         Type/Print Name of Registered Agent       , consent to serve as the registered agent on behalf of the business entity.         By: Terrie Bates, Asst. Secy.       8/2/2023	and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of the Un n.	ited States or District of Columbi	a to render a prof	essional service described in the
12. If a limited liability company, check box if manager-managed:       Image: Comparison of the serve as the registered agent on behalf of the business entity.         13. This application will be effective upon filing.       Image: Comparison of the serve as the registered agent on behalf of the business entity.         14. C T Corporation System		Aller B		_	ction of its formation.
13. This application will be effective upon filing.         Image: Application will be effective upon filing.         Signature of Authorized Representative         Linas Udrys, Secretary         Printed Name & Title         I.       C T Corporation System         Type/Print Name of Registered Agent         By: Terrie Bates, Asst. Secy.         8/2/2023	The manned partnership, it elects to be	a minited nability inflited partne	eranip. Oneck the box it applicat		
Linas Udrys, Secretary       8/2/2023         Signature of Authorized Representative       Printed Name & Title       Date         I, <u>CT Corporation System</u> , consent to serve as the registered agent on behalf of the business entity.         Type/Print Name of Registered Agent       By: Terrie Bates, Asst. Secy.       8/2/2023	12. If a limited liability company, check	box if manager-managed:			
Signature of Authorized Representative       Printed Name & Title       Date         I, <u>C T Corporation System</u>	13. This application will be effective upon	n filing.			
Signature of Authorized Representative       Printed Name & Title       Date         I, <u>C T Corporation System</u>	1				
Signature of Authorized Representative       Printed Name & Title       Date         I, <u>C T Corporation System</u>	finder		Linas Udrys. Secretary		8/2/2023
Type/Print Name of Registered Agent By: Terrie Bates, Asst. Secv. 8/2/2023	Signature of Authorized Representative				
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	Signature of Registered Agent				
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STEP UP MOBILITY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JULY, A.D. 2023.



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