

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  
(502) 564-3490  
<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 **profit corporation**.
2. The name of the entity is: **TAILORED TECHNOLOGY SERVICES INC.**
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 **California**.
5. The date of organization is **1/6/2015** and the period of duration is **perpetual**.

**7. Principal Office**

500 TECHNOLOGY DRIVE  
SUITE 340  
IRVINE, CA 92618

**8. Required Representatives**

<b>Officer</b>	ZACHARY HART	500 TECHNOLOGY DR STE 340	IRVINE	CA	92618
<b>Officer</b>	MATTHEW FAGER	500 TECHNOLOGY DR STE 340	IRVINE	CA	92618
<b>Officer</b>	MATTHEW QUINN	500 TECHNOLOGY DR STE 340	IRVINE	CA	92618

**9. Registered Agent/Office**

Registered Agents Inc  
212 N. 2nd Street  
STE 100  
Richmond, KY 40475

I, **James Cortez**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, August 16, 2023

As the Authorized Representative, I, **James Cortez**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Accounting Consultant**