

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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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 entity is a **limited liability company**.

2. The name of the entity is

**DOLPHIN DEBIT ACCESS, LLC**

3. The state or country under whose law the entity is organized is **Texas**.

4. The date of organization is **1/25/2006** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**1340 RAYFORD PARK RD, SPRING, TX 77386**

6. The name of the initial registered agent is

**Corporation Service Company**

and the street address of the entity's initial registered office in Kentucky is

**421 West Main Street, Frankfort, KY 40601**

7. The names and business addresses of the entity's representatives:

**Member** Adam Godderz 11400 Tomahawk Creek Pkwy, #300, Leawood,  
KS 66211

8. This entity is managed by **Members**.

9. This filing will be effective on **Wednesday, December 11, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Member: Adam Godderz**

I, **Aissa Phillips, Assistant Secretary/Client Service Representative**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Wednesday, December 11, 2024.