

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: **IDOLOGY, 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 **Georgia**.
5. The date of organization is **11/7/2005** and the period of duration is **perpetual**.

**7. Principal Office**

2018 Powers Ferry Rd SE, Suite 720  
Atlanta, GA 30339

**8. Required Representatives**

<b>Officer</b>	Jeff Blaszyk	2018 Powers FerryAtlanta Rd SE, Suite 720	GA	30339
<b>Director</b>	Jeff Blaszyk	2018 Powers FerryAtlanta Rd SE, Suite 720	GA	30339
<b>Director</b>	James Bruni	2018 Powers FerryAtlanta Rd SE, Suite 720	GA	30339
<b>Officer</b>	Christopher Clark	2018 Powers FerryAtlanta Rd SE, Suite 720	GA	30339
<b>Director</b>	Christopher Clark	2018 Powers FerryAtlanta Rd SE, Suite 720	GA	30339
<b>Secretary</b>	Annabelle Burton	2018 Powers FerryAtlanta Rd SE, Suite 720	GA	30339

**9. Registered Agent/Office**

InCorp Services, Inc.  
828 Lane Allen Road Ste 219  
Lexington, KY 40504-3659

I, **Karen Gibson on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, August 8, 2023

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