

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1320845.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

11/13/2023 10:21 AM Fee Receipt: \$90.00

Division of Business Filings Certificate of Authority FBE P.O. Box 718 (Foreign Business Entity) Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 14A - 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: profit corporation nonprofit corporation professional limited liability company business trust limited liability company statutory trust limited partnership Itd cooperative association public benefit corporation non-profit lic professional service corporation 2. The name of the entity is Learners Edge, LLC (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): (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 09/12/2013 and the period of duration is (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 410 Old Ivy Rd Ste 205 Charlottesville Street Address City 7. The street address of the entity's registered office in Kentucky is 828 Lane Allen Road Suite 219 Lexington Street Address (No P.O. Box Numbers) City State Zip Code and the name of the registered agent at that office is _ Cogency Global Inc. 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Learners Edge Intermediate LLC 2805 Dodd Rd, Ste 200 Eagan, MN 55121 Name Street or P.O. Box 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 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. If a limited liability company, check box if manager-managed: 13. This application will be effective upon filing. Adam Hall Adam Hall/ Manager 11/9/23 Signature of Authorized Representative Printed Name & Title

JAIME TORRES

Printed Name

_, consent to serve as the registered agent on behalf of the business entity.

ASSISTANT SEC.

10/5/23

Type/Print Name of Registered Agent

Cogency Global Inc.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEARNERS EDGE, 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 EIGHTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEARNERS EDGE, LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

ARYS OF CE

Authentication: 204553505

Date: 11-08-23