

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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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 **profit corporation**.

2. The name of the entity is

Devyze Inc.

3. The name of the entity to be used in Kentucky is

Devyze Inc.

4. The state or country under whose law the entity is organized is **Delaware**.

5. The date of organization is **1/17/2024** and the period of duration is **perpetual**.

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

355 S Broadway Apt 502, Lexington, KY 40508

7. The street address of the entity's registered office in Kentucky is

6844 Bardstown Rd # 5059, Louisville, KY 40291

and the name of the registered agent at that office is **Firstbase Agent LLC**.

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

Registered Agent	Firstbase Agent LLC	6844 Bardstown Louisville Rd # 5059	KY	40291
Authorized Rep	Valentina Lugo	1007 N Orange Wilmington St Fl 4	DE	19801
Officer	Evan Knowles	355 S Broadway Lexington Apt 502	KY	40508

9. This application will be effective on **Tuesday, April 16, 2024**.

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

I, **Filipe Senna**, consent to sign for **Firstbase Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.