

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  
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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 business entity is a **profit corporation**.
2. The name of the entity is: **BOUNCE AI, INC.**
3. The state or country whose law the entity is organized is **New York**.
4. The date of organization is **5/18/2022** and the period of duration is **perpetual**.  
This Filing is Effective on Monday, February 5, 2024

**5. Principal Office**

2850 Clover St, Suite 3  
Pittsford, NY 14534

**6. Required Representatives**

<b>Officer</b>	David Acheatel	2850 Clover St, Suite 3	Pittsford	NY	14534
<b>Officer</b>	Dan Dovrat	2850 Clover St, Suite 3	Pittsford	NY	14534
<b>Officer</b>	Guy Ling	2850 Clover St, Suite 3	Pittsford	NY	14534
<b>Director</b>	Dan Dovrat	2850 Clover St, Suite 3	Pittsford	NY	14534
<b>Director</b>	Guy Ling	2850 Clover St, Suite 3	Pittsford	NY	14534

**7. Registered Agent/Office**

C T Corporation System  
306 W. Main Street, Suite 512  
Frankfort, KY 40601

I, **Christine O'connor**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, February 5, 2024

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