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

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: WRIKE, 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 California.
- 5. The date of organization is 7/9/2010 and the period of duration is perpetual.

7. Principal Office

| 9171 Towne Center Dr Suite 200 San Diego, CA 92122 | | | | D | |
|--|--------------|---------------------------------------|-----------|----|-------|
| 8. Required Represe | ntatives | | | | |
| Secretary | Thomas Scott | 9171 Towne Center Dr, Suite 200 | San Diego | CA | 92122 |
| 9. Registered Agent/ | Office | | | | |

CSC 421 West Main St Frankfort, KY 40601

I, **Thomas Scott**, consent to sign for **CSC** who serves as the **Registered Agent** on behalf of this Entity. on Tuesday, March 7, 2023

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

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KY Secretary of State Received and Filed 3/7/2023 8:16:13 PM Fee receipt: \$90.00

Michael G. Adams

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