

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: **IRIBAMAPS 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 **Delaware**.
5. The date of organization is **5/1/2023** and the period of duration is **perpetual**.

7. Principal Office

333 East Main Street, Suite 304
Louisville, KY 40202

8. Required Representatives

Officer	Ralston W Steenrod	333 East Main Street, Suite 304	Louisville	KY	40202
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9. Registered Agent/Office

CAPITOL CORPORATE SERVICES, INC.
828 Lane Allen Road, Suite 219
Lexington, KY 40504

I, **Krista Abair**, consent to sign for **CAPITOL CORPORATE SERVICES, INC.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, May 4, 2023

As the Authorized Representative, I, **Ralston W. Steenrod**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CEO**