

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: **TELETEACHERS, 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 **1/8/2023** and the period of duration is **perpetual**.

7. Principal Office

4114 North Cass Avenue
Westmont, IL 60559

8. Required Representatives

| | | | | | |
|-----------------|----------------|------------------------|----------|----|-------|
| Director | EMILY SMITH | 4114 North Cass Avenue | Westmont | IL | 60559 |
| Director | GEORGE SPENCER | 4114 North Cass Avenue | Westmont | IL | 60559 |
| Director | JERRY PUTNAM | 4114 North Cass Avenue | Westmont | IL | 60559 |

9. Registered Agent/Office

URS AGENTS, LLC
306 West Main Street, Suite 512
Frankfort, KY 40601

I, **JESSICA MONTJOY**, consent to sign for **URS AGENTS, LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, June 26, 2023

As the Authorized Representative, I, **MARIE SMITH**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **DIRECTOR OF FINANCIAL OPERATIONS**