

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: **DREXI 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 **11/25/2013** and the period of duration is **perpetual**.

**7. Principal Office**

2700 N Central Ave, Suite 1110  
Phoenix, AZ 85004

**8. Required Representatives**

<b>Director</b>	Justin Shemaria	2700 N Central Ave Suite 1110	Phoenix	AZ	85004
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**9. Registered Agent/Office**

InCorp Services, Inc.  
828 LANE ALLEN ROAD, STE 219  
LEXINGTON, KY 40504

I, **Jessica Mendez**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, August 14, 2023

As the Authorized Representative, I, **Justin Shemaria**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Director of Accounting**