

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE Michael G. Adams Kentucky Secretary of State Received and Filed: 8/23/2023 3:13 PM Fee Receipt: \$90.00

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)			FBE	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		eby applies for authority to t	ransact business in Ken	tucky on behalf of the entity named	below
. The entity is a: X profit corporation nor		nonprofit corporation	professi	essional limited liability company	
business tru		limited liability company		statutory trust	
limited partnership Ito		Itd cooperative association	public b	public benefit corporation	
non-profit llo	non-profit IIc profes		tion other	other	
2. The name of the entity is Leidos D	igital Solutions Inc.				
(The	name must be identical to	the name on record with	the Secretary of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable):	Leidos Digital Solutions	Inc.		
		(Only provide if "real na	me" is unavailable for	use; otherwise, leave blank.)	
4. The state or country under whose la		Virginia			<u> </u>
5. The date of organization is 08/01/19	985	and the period of			
6. The mailing address of the entity's p	rincinal office is		(If left blank, o	duration is considered perpetual.)
6909 Metro Park Drive		Alexandria	VA	22310	
Street Address	1	City	State	Zip Code	
7. The street address of the entity's reg 306 W. Main Street, Suite 512	gistered office in Kentucky i	s Frankfort	KY	40601	
Street Address (No P.O. Box Number	rs)	Cit		State Zip Code	
and the name of the registered agent a 8. The names and business addresses Howard Langston Name		ves (secretary, officers and o	lirectors, managers, trus VA State	tees or general partners): 22310 Zip Code	
Lian Alfonso	6909 Metro Park Driv	e Alexandria	VA	22310	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
 If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation 	ore states or territories of the	ers, not less than one half (1 e United States or District of	/2) of the directors, and Columbia to render a pression of the second	all of the officers other than the second of the officers other than the second service described in the	retary
10. I certify that, as of the date of filing	this application, the above-	named entity validly exists ur	nder the laws of the juris	diction of its formation.	
11. If a limited partnership, it elects to b	be a limited liability limited p	artnership. Check the box it	f applicable:		
12. If a limited liability company, chec	k box if manager-manage	d:			
13. This application will be effective up	on filing.				
Lian Alfonso L		Lian Alfonso, Sr. Co	ontracts Rep	08/23/2023	
Signature of Authorized Representative		Printed Name	& Title	Date	
I, C T Corporation System Type/Print Name of Registered Agent		, consent to serve as	the registered agent on	behalf of the business entity.	27

Signature of Registered Agent	Printed Name	Title	Date
By: C T Corporation System	David Westcott	Assistant Secretary	8/23/2023