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 **nonprofit corporation**.

2. The name of the entity is: CENTRAL BAPTIST THEOLOGICAL SEMINARY OF KANSAS CITY, KANSAS

3. The name of the entity to be used in Kentucky is (if applicable): **CENTRAL BAPTIST THEOLOGICAL SEMINARY OF KANSAS CITY, KANSAS INC.**

4. The state or country whose law the entity is organized is Kansas.

5. The date of organization is 1/1/2024 and the period of duration is perpetual.

6. Principal Office					
6601 Monticello Rd		125			
Shawnee, KS 66226				5	
7. Required Represe	ntatives				
Officer	Scott Wedel	6601 Monticello	Shawnee	KS	66226
		Rd			
Officer	Pamela Robinson-Durso 6601 Monticello		Shawnee	KS	66226
		Rd			
8. Registered Agent/	Office		N/88		
o. Registered Agentiv	Onice	V/h	A Aller		

Northwest Registered Agent LLC 212 N. 2nd St., Ste 100 Richmond, KY 40475

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity. on Tuesday, November 7, 2023

As the Authorized Representative, I, **Scott Wedel**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **VP of Finance & Administration**

1319881 **1319881** Michael G. /..... KY Secretary of State

Received and Filed 11/7/2023 3:49:57 PM Fee receipt: \$90.00

FBE