

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 **limited liability company**.
2. The name of the entity is: **CU STUDENT CHOICE PARTNERS, LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **1/15/2008** and the period of duration is **perpetual**.
5. This entity is managed by Managers

**6. Principal Office**

110 Broadway Street  
Suite 505  
San Antonio, TX 78205

**7. Required Representatives**

<b>Manager</b>	Scott Patterson	1001 Connecticut Ave NW, Suite 1001	Washington DC	20036
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**8. Registered Agent/Office**

C T Corporation  
306 West Main Street  
Suite 512  
Frankfort, KY 40601

I, **Lizette Krajnak**, consent to sign for **C T Corporation** who serves as the **Registered Agent** on behalf of this Entity.

on Thursday, November 9, 2023

As the Authorized Representative, I, **Scott Patterson**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**