

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: **SOCIAL FACTOR, INC.**
3. The state or country whose law the entity is organized is **Texas**.
4. The date of organization is **11/23/2011** and the period of duration is **perpetual**.

5. Principal Office

1227 W MAGNOLIA AVE
SUITE 300
FORT WORTH, TX 76104-4400

6. Required Representatives

Secretary	Jasmine Espinoza Espinoza	1227 W Magnolia Ave Fort Worth	TX	76104
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7. Registered Agent/Office

InCorp Services Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504

I, **InCorp Services Inc**, consent to sign for **InCorp Services Inc**, who serves as the **Registered Agent** on behalf of this Entity.
on Monday, October 30, 2023

As the Authorized Representative, I, **Jasmine Espinoza**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Sr. Benefits & Payroll Partner**