

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 entity is a **profit corporation**.

2. The name of the entity is

EVERSTORY PARENT CORP

3. The state or country under whose law the entity is organized is **Delaware**.

4. The date of organization is **5/11/2022** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

955 Keller Road, Suite 1500, Altamonte Springs, FL 32714

6. The street address of the entity's registered office in Kentucky is

421 West Main Street, Frankfort, KY 40601

and the name of the registered agent at that office is **Corporation Service Company**.

7. The names and business addresses of the entity's representatives:

| | | | | |
|------------------|-----------------|--|----|-------|
| Officer | Lilly Donohue | 955 Keller Road, Altamonte Springs Suite 1500 | FL | 32714 |
| Secretary | Lorena Trujillo | 955 Keller Road, Altamonte Springs Suite 1500 | FL | 32714 |

8. This application will be effective on **Tuesday, May 7, 2024**.

As the Authorized Representative, I, **Lorena Trujillo**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **VP, GC & Secretary**

I, **Jawann Latney, Assistant Secretary**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this profit corporation company.