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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 Foreign Business Entity

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 271B 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 **Your Giving**.
- 3. The name of the entity to be used in Kentucky is Your Giving Inc..
- 4. The state or country under whose law the entity is organized is **Delaware**.
- 5. The date of organization is **5/28/2015**.
- 6. The mailing address of the entity's principal office is 901 Woodland St Ste 104, Nashville, TN 37206.
- 7. The street address of the entity's registered office in Kentucky is **1511 Sycamore St, Murray, KY 42071** and the name of the registered agent in that office is **Steve Klein**.
- 8. The names and business addresses of the entity's representatives:

Steve Klein 1511 Sycamore St, Murray, KY 42071

John Roussin

- ussin 9150 Chesapeake Dr Ste 200, San Diego, CA 92123
- 9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
- 10. This application will be effective on filing.

Signature of Authorized Representative: John Roussin

I, **Steve Klein**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Steve Klein

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