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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION

Cairn Guidance Inc

Certificate of Status	0
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Estimated Charge	\$78.75

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S. ROBERTS

DEC 0 9 2021

From: Kaity Toon

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Caim Guidance		n america luccos (Bastyl) (u	CORDOD AUTION'S		_
	orporation; must include "INCORPO orp," "Inc," "Co," or "Corp ")	RATED, "COMPANY, "C	ORPORATION,		
					_
(If name unavaila	able in Florida, enter alternate corpor	ate name adopted for the purp	ose of transacting bu	isiness in Florida)	
2. Kentucky			<u> </u>		_
(State or countr	y under the law of which it is incorpo	orated) (F	(FEI number, if applicable)		
4. 02/18/2014		5 Perpetual			
(Date	of incorporation)	(Date of d	(Date of duration, if other than perpetual)		
Upon Qualificat					_
		ousiness in Florida, if prior to & 607 (502, F.S., to determi			
7, 50 Kinder Dr. , M	forehead, KY 40351				
		(Principal office address)		~	
same				SE 17	_
	(Cur	ent mailing address, if differe	nt)	DEC	-17
	en en	AD O D A NOT A SECOND	- t. 1.1.3	TALLAHASSEE	dimental p
8. Name and stree	<u>et address</u> of Florida registered ag	ent: (P.O. Box <u>NOT</u> acce	ptable)	SS: >	T
Name:	C.T. Corporation System			rei∺ ⊐≤ □°∪ αο	
Office Address:	1200 South Pine Island Road			AM 8: 14 SSEE, FL	
			22.	rn 🛨	
	Plantation (City)	, Florida <u>333</u>	Zip code)		
	(Vivy)		,		
	ent's acceptance: ied as registered agent and to acc	cant carnica of nearact for	the above stated co	ornoration at th	e place
designated in this	application, I hereby accept the	appointment as registered	lagent and agree t	to act in this cap	pacity. I
further agree to c duties, and I am j	omply with the provisions of all s familiar with and accept the obli	statutes relative to the prop gations of my position as r	per and complete p egistered agent.	verformance of	my
	C T Corporation System		Christine Keim		
		CHARANIKAN	Assistant Secretary		
	By: (R	egistered agent's signature)		_	
	(R	egistered agent's signature)			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

To: -18506176383

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman
Addiess:
Vice Chairman,
Address:
Director: Jessica Lawrence
Address: 50 Kinder Dr.
Morehead, KY 40351
Director:
Address:
B. OFFICERS
President. Jessica Lawrence
Address: 50 Kinder Di
Morehead, KY 40351
Vice President
Address:
Secretary.
Address:
Treasurer.
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Signature of Director or Officer
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
13. Jessica Lawrence - President (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

From: Kaity Toon

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G, Adams Secretary of State P, O, Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 257559

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CAIRN GUIDANCE INC

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is February 18, 2014, and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 4th day of November, 2021, in the 230th year of the Commonwealth.



Michael G. Adams Secretary of State Commonwealth of Kentucky 257559/0879696

Michael G. aldam