

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Secretary of State
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Certificate of Authority
Foreign Business Entity

FBE

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 **WEconnect Health Management Social Purpose Corp SPC**.
3. The name of the entity to be used in Kentucky is **WEconnect Health Management SPC Corp**.
4. The state or country under whose law the entity is organized is **Washington**.
5. The date of organization is **11/11/2014**.
6. The mailing address of the entity's principal office is **999 3rd Ave, Suite 3300, Seattle, WA 98109**.
7. The street address of the entity's registered office in Kentucky is **1814 W Madison St, Louisville, KY 40203** and the name of the registered agent in that office is **Melanie Howie**.
8. The names and business addresses of the entity's representatives:

Daniela Tudor 4739 University Way NE, #2032, Seattle, WA 98105
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:
Sarah Boettger

I, **Melanie Howie**, 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:

Melanie Howie