

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. A
KY Secretary of State
Received and Filed

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Fee receipt: \$654.00

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

RCA

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 nonprofit corporation.
2. The name of the entity is: THE LEUKEMIA & LYMPHOMA SOCIETY, INC.
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of New York.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

3 INTERNATIONAL DRIVE
SUITE 200
RYE BROOK, NY 10573

Registered Agent Name/Address

Tom Carleton
836 Euclid Ave
Ste 317
Lexington, KY 40502

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Louis J. DeGennaro on 7/28/2022
7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Tom Carleton on 7/28/2022