



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**1212302.06**

dwilliams  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 6/2/2022 10:44 AM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
**Business Filings**  
 PO Box 718, Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Certificate of Authority**  
**(Foreign Business Entity)**

**FBE**

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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 (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)  
☐ business trust (KRS 386). ☒ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)  
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust  
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS)

2. The name of the entity is BIOPLUS PARENT, LLC

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 4/2/2020 and the period of duration is \_\_\_\_\_  
 (If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
7525 SE 24th St, Suite 330

<u>Street Address</u>	<u>Mercer Island</u>	<u>WA</u>	<u>98040</u>
	<u>City</u>	<u>State</u>	<u>Zip Code</u>

7. The street address of the entity's registered office in Kentucky is  
306 West Main Street Suite 512

<u>Street Address (No P.O. Box Numbers)</u>	<u>Frankfort</u>	<u>KY</u>	<u>40601</u>
	<u>City</u>	<u>State</u>	<u>Zip Code</u>

and the name of the registered agent at that office is URS Agents, LLC

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

<u>JOHN FIGUEROA</u>	<u>7525 SE 24TH ST, SUITE 330</u>	<u>MERCER ISLAND</u>	<u>WA</u>	<u>98040</u>
<u>Name</u>	<u>Street or P.O. Box</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>VICTOR BREED</u>	<u>7525 SE 24TH ST, SUITE 330</u>	<u>MERCER ISLAND</u>	<u>WA</u>	<u>98040</u>
<u>Name</u>	<u>Street or P.O. Box</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Name</u>	<u>Street or P.O. Box</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

Please indicate the Kentucky county in which your business operates:

County: \_\_\_\_\_

*To complete the following, please shade the box completely.*

Please indicate the size of your business:

- ☐ Small (Fewer than 50 employees)  
☒ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Agriculture           | <input type="checkbox"/> Mining   | <input type="checkbox"/> Services      | <input type="checkbox"/> Construction                    |
| <input type="checkbox"/> Wholesale Trade       | <input checked="" type="checkbox"/> Retail Trade  | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services |  |  |
| <input type="checkbox"/> Other                 |   |  |  |

Signature of Authorized Representative

I, URS Agents, LLC

VICTOR BREED CFO

Printed Name & Title

06/01/2022

Date

Type/Print Name of Registered Agent

consent to serve as the registered agent on behalf of the business entity.

Signature of Registered Agent

(05/17)

Twila Whitley

Printed Name

Assistant Secretary

Title

6/1/2022

Date