

1221602.09 Michael G. Adams

Received and Filed: 7/22/2022 12:54 PM

Kentucky Secretary of State

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		(Foreign Business Entity)			
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		by applies for autho	ity to transact busine	ess in Kentucky	on behalf of the entity named below
1. The entity is a: profit corpor business tru limited partn non-profit llo	st III III IIII IIII IIII IIIII IIIIIIII	nonprofit corporation mited liability compa d cooperative assoc professional service (iation	professional statutory trus other	limited liability company t
2. The name of the entity is	name must be identical to		Medical, PC	(of State)	
3. The name of the entity to be used in			Vida	Medical, P.S.C	otherwise, leave blank.)
4. The state or country under whose la	w the entity is organized is_			California	······································
5. The date of organization is6. The mailing address of the entity's p		and the p	eriod of duration is _ (If le	eft blank, durat	ion is considered perpetual.)
100 MONTGOMERY	STREET, SUITE 75	<u> </u>	an Francisco	CA	94104
Street Address		City		State	Zip Code
	Road, Suite 219		Lexington	KY	40504
Street Address (No P.O. Box Number	rs)		City		ate Zip Code
and the name of the registered agent at	that office is		COGENCY GLO	OBAL INC.	·
8. The names and business addresses	of the entity's representative	es (secretary, officer	s and directors, mana	agers, trustees o	or general partners):
Jennifer Frangos	100 MONTGOMERY STREE		an Francisco	СА	94104
Name	Street or P.O. Box	City		State	Zip Code
					·
Name	Street or P.O. Box	City		State	Zip Code
Name	Street or P.O. Box	City		State	Zip Code
9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio10. I certify that, as of the date of filing to the service of the service of	re states or territories of the n.	United States or Dis	trict of Columbia to re	ender a professi	onal service described in the
11. If a limited partnership, it elects to b	e a limited liability limited pa	rtnership. Check th	e box if applicable:		
12. If a limited liability company, chec	k box if manager-managed	:			
13. This application will be effective upon $\sqrt{p^2}$	on filing.				
χı		Jennifer	Frangos, Presi	ident ⁽	07 / 21 / 2022
Signature of Authorized Representative			Name & Title		Date
I, COGENCY GI	_OBAL INC.	, consent to se	rve as the registered	l agent on beha	f of the business entity.
Type/Print Name of Registered Agent	Eri	n Haggerty,	Asst. Secret	ary Cogency	Global Inc. 7/21/2022
Signature of Registered Agent	Printec	Name	Title		Date

HELLOSIGN

TITLE	2021 - Kentucky Certificate of Authority
FILE NAME	2021 - Kentucky C of Authority.pdf
DOCUMENT ID	df7a087b8cbedd3fddeaeee56c8740ab2714c026
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	 Signed

Document History

() Sent	07 / 21 / 2022 20:21:50 UTC	Sent for signature to Jennifer Frangos (jenny.frangos@vida.com) from brenda.ramirez@vida.com IP: 136.25.42.118
VIEWED	07 / 21 / 2022 20:29:19 UTC	Viewed by Jennifer Frangos (jenny.frangos@vida.com) IP: 142.197.202.72
SIGNED	07 / 21 / 2022 21:05:34 UTC	Signed by Jennifer Frangos (jenny.frangos@vida.com) IP: 142.197.202.72
COMPLETED	07 / 21 / 2022 21:05:34 UTC	The document has been completed.