

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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

FBE

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 **profit corporation**.
2. The name of the entity is: **TRUE MEDICINE INC.**
3. The state or country whose law the entity is organized is **Texas**.
4. The date of organization is **6/13/2022** and the period of duration is **perpetual**.  
This Filing is Effective on Friday, March 1, 2024

**5. Principal Office**

1800 E 4th Street, Suite 101  
Austin, TX 78702

**6. Required Representatives**

<b>Director</b>	Justin Mares	1800 E 4th Street, Austin Suite 101	TX	78702
<b>Officer</b>	Calley Means	1800 E 4th Street, Austin Suite 101	TX	78702

**7. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Laurel Bietsch**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, March 1, 2024

As the Authorized Representative, I, **Justin Mares**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CEO**