

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 entity is a **profit corporation**.

2. The name of the entity is

GOLDFISH HEALTHCARE, INC.

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

4. The date of organization is **9/23/2024** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

2107 Lauderdale Road, Louisville, KY 40205

6. The name of the initial registered agent is

Blake Rutherford

and the street address of the entity's initial registered office in Kentucky is

2107 Lauderdale Road, Louisville, KY 40205

7. The names and business addresses of the entity's representatives:

Director Blake Rutherford 2107 Lauderdale Road, Louisville, KY 40205

8. This filing will be effective on **Wednesday, October 9, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Director: Blake Rutherford**

I, **Blake Rutherford**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, October 9, 2024.