

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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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

GOLDFINCH HEALTH INC.

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

4. The date of organization is **7/6/2018** and the period of duration is **perpetual**.

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

212 N. 2nd St. STE 100, Richmond, KY 40475

6. The street address of the entity's registered office in Kentucky is

212 N. 2nd St. STE 100, Richmond, KY 40475

and the name of the registered agent at that office is **Registered Agents Inc.**

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

8. This application will be effective on **Tuesday, April 9, 2024**.

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

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.