

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

P101

1374010.09
Michael G. Adams
Secretary of State
Received and Filed
6/24/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **profit corporation**.

2. The name of the entity is

ANASAZI MEDICAL PAYMENT SOLUTIONS, INCORPORATED

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

4. The date of organization is **1/13/2005** and the period of duration is **perpetual**.

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

2700 North Central Ave. Suite 1110, Phoenix, AZ 85004

6. The name of the initial registered agent is

C T Corporation System

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

306 West Main St., Frankfort, KY 40601

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

Officer	Matt Brow	2700 North Central Ave., Phoenix, AZ 85004
Director	Eric Ware	2700 North Central Ave., Phoenix, AZ 85004

8. This application will be effective on **Monday, June 24, 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 **Counsel: Eric Ware**

I, **C T Corporation System**, consent to sign for **C T Corporation System** who serves as the Registered Agent on behalf of this entity on Monday, June 24, 2024.