Commonwealth of Kentucky Michael G. Adams, Secretary of St.

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Michael G. /......

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: ERNEST HEALTH, INC.
- 3. The name of the entity to be used in Kentucky is (if applicable): N/A
- 4. The state or country whose law the entity is organized is Delaware.
- 5. The date of organization is 11/19/2003 and the period of duration is perpetual.

7. Principal Office

1024 N. Galloway Ave., Suite 102 Mesquite, TX 75149

8. Required Representatives

o. Required Re	presentatives	17 27 1 113 11		
Officer	Jacob Socha	1024 N. Galloway Mesquite Ave., Suite 102	TX	75149
Officer	Denise Kann	1024 N. Galloway Mesquite Ave., Suite 102	TX	75149
Officer	Brad E. Hollinger	1024 N. Galloway Mesquite Ave., Suite 102	TX	75149
Officer	Eudora Cannon	1024 N. Galloway Mesquite Ave., Suite 102	TX	75149
Officer	Caleb Reed	1024 N. Galloway Mesquite Ave., Suite 102	TX	75149
Director	Jacob Socha	1024 N. Galloway Mesquite Ave., Suite 102	TX	75149
Director	Eudora Cannon	1024 N. Galloway Mesquite Ave., Suite 102	TX	75149
Director	Denise Kann	1024 N. Galloway Mesquite Ave., Suite 102	TX	75149

9. Registered Agent/Office

Corporate Creations Network Inc. 101 North Seventh Street Louisville, KY 40202

I, Erin Saville, Special Secretary, consent to sign for Corporate Creations Network Inc. who serves as the Registered Agent on behalf of this Entity.

on Thursday, August 17, 2023

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