

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1235912.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/10/2022 12:38 PM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate (Foreign Busin			FBE		
Pursuant to the provisions of KRS 14A and, for that purpose, submits the folio	a – 030 the undersigned hereby applies wing statements:	for authority to transac	business in Kentucky o	n behalf of the entity named below		
The entity is a:	orporation ity company ive association I service corporation	professional limited liability company statutory trust other				
	name must be identical to the name	on record with the Se	cretary of State.)	*		
3. The name of the entity to be used in	(Only pro	ovide if "real name" is	unavailable for use; of	herwise, leave blank.)		
 The state or country under whose la The date of organization is May 2 	w the entity is organized is Delawar	and the period of durati	on is			
6. The mailing address of the entity's p		,and and political and addition		is considered perpetual.)		
3423 Pleamont Road NE,	Suite 345	Atlanta	GA	30305		
Street Address		City	State	Zip Code		
7. The street address of the entity's red 828 Lane Allen Road, Suit	istered office in Kentucky is te 219	Lexington	KY	40504		
Street Address (No P.O. Box Number		City	State	e Zip Code		
	that office is Cogency Global			*		
	of the entity's representatives (secretar					
Michael Williamson	3423 Piedmont Road NE, Suite 345 Street or P.O. Box	Atlanta City	GA State	30305		
Eric Grossman	3423 Piedmont Road NE, Suite 345	Atlanta	GA	Zip Code 30305		
Name Andy Roddick	Street or P.O. Box 3423 Piedmont Road NE, Suite 345	City Atlanta	State GA	Zip Code 30305		
Name	Street or P.O. Box	City	State	Zip Code		
9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation 10. I certify that, as of the date of filing the service of the corporation of	re states or territories of the United State n.	es or District of Columbi	a to render a profession	al service described in the		
11. If a limited partnership, it elects to be	a limited liability limited partnership. C	Check the box if applical	ole:			
12. If a limited liability company, check	box if manager-managed:					
13. This application will be effective upon	n filing.					
Mean	Micha	ael Williamson, l	President 9	/30/22		
Signature of Authorized Representative	TO TO TO	Printed Name & Title	TOOLGOIL G	Date		
, Cogency Global Inc. Type/Print Name of Registered Agent	, conse	ent to serve as the regis	stered agent on behalf of	the business entity.		
No	Vavid Fa	3/16	Asst Secret	ary 10/5/22		
Signature of Registered Agent	Printed Name	7	itle	Date		

KENTUCKY Attachment to Certificate of Authority

ViewFi Health, Inc.

Item 8 – The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Mailing Address	City	State	ZIP Code
Allyson White	3423 Piedmont Road NE, Suite 345	Atlanta	GA	30305
Joshua Dines, M.D.	3423 Piedmont Road NE, Suite 345	Atlanta	GA	30305