



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 10/26/2022 9:07 AM
 Fee Receipt: \$90.00

Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
www.sos.ky.gov

Certificate of Authority
 (Foreign Business Entity)

FBI

Pursuant to the provisions of KRS 14A – 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 ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is Legato Health Technologies U.S., Inc.
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Indiana

5. The date of organization is 06/30/2021 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
220 Virginia Avenue Indianapolis IN 46204
Street Address **City** **State** **Zip Code**

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512 Frankfort KY 40601
Street Address (No P.O. Box Numbers) **City** **State** **Zip Code**

and the name of the registered agent at that office is C T Corporation System

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

SEE ATTACHED

Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Jori Sawan JORI SAWAN, ASSISTANT SECRETARY 10/20/2022
Signature of Authorized Representative **Printed Name & Title** **Date**

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Jeanne Nelson Jeanne Nelson Asst Sec 10/20/2022
Signature of Registered Agent **Printed Name** **Title** **Date**

Name	Title	Role Start
Penczek, Ronald William 220 Virginia Avenue, Indianapolis, IN 46204	Director	7/1/2021
Puri, Rajat Rajpal 740 W. Peachtree St. NW, Atlanta, GA 30308	Director	7/1/2021
Wagner, Jay Harry 220 Virginia Avenue, Indianapolis, IN 46204	Director	7/1/2021
Puri, Rajat Rajpal 740 W. Peachtree St. NW, Atlanta, GA 30308	President	7/1/2021
Kiefer, Kathleen Susan 220 Virginia Avenue, Indianapolis, IN 46204	Secretary	7/1/2021
Scher, Vincent Edward 220 Virginia Avenue, Indianapolis, IN 46204	Treasurer	7/1/2021
Noble, Eric Kenneth 220 Virginia Avenue, Indianapolis, IN 46204	Assistant Treasurer	7/1/2021
Miller, Jeffrey Weston 21215 Burbank Blvd., Woodland Hills, CA 91367	Assistant Secretary	7/1/2021

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

LEGATO HEALTH TECHNOLOGIES U.S., INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 30, 2021, and was in existence or authorized to transact business in the State of Indiana on October 21, 2022.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 21, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 20, 2022.