

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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: **THYNK HEALTH, INC.**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **12/27/2023** and the period of duration is **perpetual**.

5. Principal Office

110 W. Vine Street, Suite 300
Lexington, KY 40507

6. Required Representatives

Officer	Daniel Weeks	110 W. Vine Street, Suite 300	Lexington	KY	40507
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7. Registered Agent/Office

KMK Service Corp.
2335 Buttermilk Crossing, Suite 303
Covington, KY 41017

I, **Robert C. Lesan III, Vice President**, consent to sign for **KMK Service Corp.** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, January 10, 2024

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