

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
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<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: **AVANA 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 **5/27/2021** and the period of duration is **perpetual**.

7. Principal Office

1537 Bull Lea Road
Suite 200
Lexington, KY 40511

8. Required Representatives

| | | | | | |
|-----------------|---------------|-------------------------------|-----------|----|-------|
| Director | Peter Pacult | 1537 Bull Lea Road, Suite 200 | Lexington | KY | 40511 |
| Director | Howard Settle | 1537 Bull Lea Road, Suite 200 | Lexington | KY | 40511 |

9. Registered Agent/Office

Howard Settle
1537 Bull Lea Road
Suite 200
Lexington, KY 40511

I, **Howard Settle**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Thursday, August 24, 2023

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