Commonwealth of Kentucky Michael G. Adams, Secretary of State

1422115.09 Michael G. Adams Secretary of State Received and Filed P101

1/15/2025 12:00:00 AM Fee receipt: \$90

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 entity is a **profit corporation**.
- 2. The name of the entity is

1upHealth Inc.

3. The name of the entity to be used in Kentucky is

1upHealth Inc.

- 4. The state or country under whose law the entity is organized is **Delaware**.
- 5. The date of organization is 6/26/2017 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

280 Summer St FI 7, Boston, MA 02210

7. The name of the initial registered agent is

C T Corporation System

and the street address of the entity's initial registered office in Kentucky is

306 W Main St Ste 512, Frankfort, KY 40601

8. The names and business addresses of the entity's representatives:

Registered Agent	C T Corporation System	306 W Main St Ste 512, Frankfort, KY 40601
Accountant	Matt Leskovar	280 Summer St Fl 7, Boston, MA 02210
Officer	Andrew Boyd	280 Summer St Fl 7, Boston, MA 02210
Authorized Rep	Matt Leskovar	280 Summer St Fl 7, Boston, MA 02210

9. This filing will be effective on Wednesday, January 15, 2025.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep: Matt Leskovar**

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I, **Matt Leskovar**, consent to sign for **C T C** who serves as the Registered Agent on behavednesday, January 15, 2025.

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