

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Secretary of State
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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 **professional service corporation**.

2. The name of the entity is

WELL LABS NORTH CAROLINA PSC

3. The state or country under whose law the entity is organized is **North Carolina**.

4. The date of organization is **2/23/2024** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

10899 US 15 501 Hwy, Southern Pines, NC 28387

6. The name of the initial registered agent is

Rhonda Hatfield

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

12400 Shelbyville Rd, Louisville, KY 40243

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

Officer Donald Meyer 10899 US 15 501 Hwy, Southern Pines, NC 28387

8. As 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.

9. This filing will be effective on **Tuesday, September 3, 2024**.

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 **CFO: Donald Meyer**

I, **Rhonda Hatfield**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, September 3, 2024.