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Kentucky Secretary of State Received and Filed:

Michael G. Adams

5/9/2023 9:08 AM

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings					Fee Receipt: \$90.00	
P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)		rde		
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	- 030 the undersigned hereby applie	s for authority to transa	ct business in Kentucky	/ on behalf of t	he entity named belo	
<ol> <li>The entity is a: profit corpor business true limited partn non-profit line</li> <li>The name of the entity is NUANCE</li> </ol>	ation nonprofit c st limited liab ership ltd coopera profession	corporation vility company ative association al service corporation e on record with the Se	statutory trus public benefi	limited liability st it corporation	company	
3. The name of the entity to be used in	Kentucky is (if applicable):	rovide if "real name" is	e unavailable for use	othonwico los	wo blank )	
<ol> <li>The state or country under whose la 5. The date of organization is <u>11/05/20</u></li> </ol>	w the entity is organized is Delaware		·	otherwise, lea		
6. The mailing address of the entity's p	rincipal office is		(If left blank, durat	ion is conside	red perpetual.)	
5931 Sea Lion Place, Suite 113		Carlsbad	CA	92010		
Street Address		City	State	Zip Co	ode	
7. The street address of the entity's reg 828 Lane Allen Road, Suite 219	istered office in Kentucky is	Lexington	KY	40	504	
Street Address (No P.O. Box Number	s)	City		tate	Zip Code	
and the name of the registered agent at	that office is Capitol Corporate Serv	ices, Inc.				
8. The names and business addresses			rs. managers. trustees	or general partr	ners):	
Daniel Henn, Manager	5931 Sea Lion Place, Suite 113	Carlsbad	CA	92010		
Name	Street or P.O. Box	City	State	Zip Co	de	
Mark Lieberman, Manager	5931 Sea Lion Place, Suite 113	Carlsbad	CA	92010		
Name George Walker, Manager	Street or P.O. Box	City	State	Zip Co		
Name	5931 Sea Lion Place, Suite 113 Street or P.O. Box	Carlsbad City	CA State	92010 Zip Co	and the second se	
Scott Bagley, Manager & Steve Bosic 9. If a professional service corporation, and treasurer are licensed in one or mor statement of purposes of the corporation	all the individual shareholders, not less e states or territories of the United Sta	s than one half (1/2) of t	92010	the officers oth	ar than the secretary	
10. I certify that, as of the date of filing the	is application, the above-named entit	y validly exists under the	e laws of the jurisdictior	n of its formatio	n.	
11. If a limited partnership, it elects to be	a limited liability limited partnership.	Check the box if applic	able:			
12. If a limited liability company, check	box if manager-managed: 🚺					
13. This application will be effective upon	n filing.					
The PI	Danel	Henn, Manager	Ma	4 2022		
Signature of Authorized Representative		Printed Name & Title		y 4, 2023 Date		
, Capitol Corporate Services, Inc.	- 001	sent to serve as the reg	istered agent on bobat	f of the husines	e optitu	
Type/Print Name of Registered Agent		Some to serve do the leg	secred agent on Defial	or the pusities	o chuty.	
michelle Elen	Michelle Elli	S	Asst. Secretary		5/5/2023	
Signature of Registered Agent	Printed Name	-	Title		Date	
(2/23)						