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**

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: HINGE HEALTH DIGITAL CLINIC, INC.

3. The name of the entity to be used in Kentucky is (if applicable):

4. It is an entity organized and existing under the laws of the state of Delaware.

5. The date of organization is No Organization Date? and the period of duration is perpetual

## **Principal Office**

455 Market Street Suite 700 SAN FRANCISO, CA 94105

## **Registered Agent Name/Address**

CORPORATION SERVICE COMPANY 421 WEST MAIN STREET FRANKFORT, KY 40601

## **Current Officers**

President Daniel Perez

455 Market Street, Suite 700 San Francisco, CA 94105

6. As the Authorized Representitive, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Daniel Perez on 1/7/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. CORPORATION SERVICE COMPANY on 1/7/2022

1/7/2022 12:00:00 AM Fee receipt: \$250.00

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Michael G. /.....

KY Secretary of State Received and Filed

RCA