

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
(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 business entity is a **profit corporation**.
2. The name of the entity is: **DRCHRONO INC.**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **6/26/2009** and the period of duration is **perpetual**.

7. Principal Office

111 N. Magnolia Ave, Suite 1100
Orlando, CO 80205

8. Required Representatives

Secretary	Lisa Storey	3601 Walnut Street, Suite 400	Denver	CO	80205
Director	Eric Remer	3601 Walnut Street, Suite 400	Denver	CO	80205
Director	Marc Thompson	3601 Walnut Street, Suite 400	Denver	CO	80205
Director	Matt Feierstein	3601 Walnut Street, Suite 400	Denver	CO	80205

9. Registered Agent/Office

Registered Agent Solutions, Inc.
828 Lane Allen Road, Suite 219
Lexington, KY 40504

I, **Adam Saldana**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, November 21, 2022

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