

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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**

P101  
1403320.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
10/22/2024 12:00:00 AM  
Fee receipt: \$90

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

**Form Health Inc.**

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

**Form Health Inc.**

4. The state or country under whose law the entity is organized is **Delaware**.

5. The date of organization is **5/24/2019** and the period of duration is **perpetual**.

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

**109 State St Ste 5, Boston, MA 02109**

7. The name of the initial registered agent is

**CT Corporation System**

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

**306 W Main St Ste 512 5th Floor, Frankfort, KY 40601**

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

<b>Registered Agent</b>	CT Corporation System	306 W Main St Ste 512, Frankfort, KY 40601
<b>Officer</b>	CBIZ Advisors, LLC	1 Citizens Plz Fl 9, Providence, RI 02903
<b>Authorized Rep</b>	Derek Rowley	109 State Street 5th Floor, Boston, MA 02109
<b>Officer</b>	Evan Richardson	109 State St Ste 5, Boston, MA 02109

9. This filing will be effective on **Tuesday, October 22, 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 **Authorized Rep:**  
**Derek Rowley**

I, **Derek Rowley**, consent to sign for **CT Co**  
who serves as the Registered Agent on behalf of  
Tuesday, October 22, 2024.

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