

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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 **profit corporation**.

2. The name of the entity is

WILDER HEALTH, INC.

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

4. The date of organization is **5/30/2024** and the period of duration is **perpetual**.

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

5445 Spirit Ridge Lane, Lexington, KY 40515

6. The name of the initial registered agent is

FBT LLC Lexington

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

250 West Main Street, Suite 2800, Lexington, KY 40507

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

Director	Matthew Dawson	5445 Spirit Ridge Lane, Lexington, KY 40515
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Director	Mike Mallin	5445 Spirit Ridge Lane, Lexington, KY 40515
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8. This application will be effective on **Thursday, May 30, 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 **CEO/President:**
Matthew Dawson

I, **Shana Nanney, Manager**, consent to sign for **FBT LLC Lexington** who serves as the Registered Agent on behalf of this entity on Thursday, May 30, 2024.