

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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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

**FINTHRIVE HEALTHCARE, INC.**

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

4. The date of organization is **4/17/2003** and the period of duration is **perpetual**.

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

**7950 Legacy Drive, Suite 900, Plano, TX 75024**

6. The name of the initial registered agent is

**Corporation Service Company**

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

**421 West Main Street, Frankfort, KY 40601**

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

<b>Officer</b>	Hemet Goel	7950 Legacy Drive, Suite 900, Plano, TX 75024
<b>Officer</b>	Kit Herrmann	7950 Legacy Drive, Suite 900, Plano, TX 75024
<b>Secretary</b>	Mehdi Khodadad	7950 Legacy Drive, Suite 900, Plano, TX 75024

8. This filing will be effective on **Thursday, April 3, 2025**.

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 **Chief Financial Officer: Kit Herrmann**

I, **Corinna Bialecki**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Thursday, April 3, 2025.