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: EXPANDMD OFFICE SYSTEMS INC
- 3. The state or country whose law the entity is organized is Florida.
- 4. The date of organization is **8/11/2020** and the period of duration is **perpetual**. This Filing is Effective on Thursday, January 25, 2024

5. Principal Office

212 N. 2nd St. STE 100 Richmond, KY 40475

6. Registered Agent/Office

Registered Agents Inc 212 N. 2nd St. STE 100 Richmond, KY 40475

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.

on Thursday, January 25, 2024

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

Michael G. /..... KY Secretary of State Received and Filed 1/25/2024 10:42:00 AM Fee receipt: \$90.00

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