

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Fee receipt: \$90.00

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: **HUMMINGBIRD HEALTHCARE INC.**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **7/6/2022** and the period of duration is **perpetual**.  
This Filing is Effective on Monday, March 11, 2024

**5. Principal Office**

1825 Ponce de Leon Blvd  
#805  
Coral Gables, FL 33134

**6. Required Representatives**

<b>Director</b>	Jeremy Schwach	1825 Ponce de Leon Blvd, #805	Coral Gables	FL	33134
<b>Officer</b>	Jeremy Schwach	1825 Ponce de Leon Blvd, #805	Coral Gables	FL	33134
<b>Officer</b>	John Flannery	1825 Ponce de Leon Blvd, #805	Coral Gables	FL	33134
<b>Secretary</b>	John Flannery	1825 Ponce de Leon Blvd, #805	Coral Gables	FL	33134
<b>Officer</b>	Scott Simpson	1825 Ponce de Leon Blvd, #805	Coral Gables	FL	33134

**7. Registered Agent/Office**

Business Filings Incorporated  
306 W. Main St., Ste 512  
Frankfort, KY 40601

I, **Chris Das, AVP, Business Filings Incorporated**, consent to sign for **Business Filings Incorporated** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, March 11, 2024

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