# Commonwealth of Kentucky Michael G. Adams, Secretary of St.

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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: **BEKHEALTH CORPORATION**
- 3. The name of the entity to be used in Kentucky is (if applicable): N/A
- 4. The state or country whose law the entity is organized is Delaware.
- 5. The date of organization is 6/26/2017 and the period of duration is perpetual.

### 7. Principal Office

85 N Main Street #1028 Branford, CT 06405

### 8. Required Representatives

Director	David Levin	710 Churchill Drive Chapel Hill		NC	27517
Secretary	David Levin	710 Churchill Drive Chapel Hill		NC	27517
Officer	David Levin	710 Churchill Drive Chapel Hill		NC	27517
Director	Abinav Sankar	409 Aspen Airport Aspen		CO	81611
		Business Center,			
	CS D	Suite B			
Director	Jeanne Hecht	5960 Old NC 86	Chapel Hill	NC	27516
Director	Andrew Schwab	6321 Therfield	Raleigh	NC	27614
		Drive			
Director	Devin Carty	40 Burton Hills	Nashville	TN	37215
	The state of the s	Blvd			
Director	Jason Baumgartner	129 Skiff Mountain Kent		CT	06757
		Road			

#### 9. Registered Agent/Office

InCorp Services, Inc. 828 Lane Allen Road Ste 219 Lexington, KY 40504

I, **Melanie Galero**, consent to sign for **InCorp Services**, **Inc.** who serves as the **Registered Agent** on behalf of this Entity.

on Thursday, October 5, 2023

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