

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

ARTERIOCYTE MEDICAL SYSTEMS, INC.

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

4. The date of organization is **1/13/2025** and the period of duration is **perpetual**.

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

Arterioocyte Medical Systems, Inc 45 South Street Suite 3C, Hopkinton, MA 01748

6. The name of the initial registered agent is

National Registration Agents, Inc

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

400 West Market Street Suite 1800, Louisville, KY 40202

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

Director	Jesse Klein	7676 Forsyth Blvd Suite 2700, St Louis, MO 63105
Director	Harry Holiday	7676 Forsyth Blvd Suite 2700, St Louis, MO 63105
Officer	Donald Brown	45 South Street, Hopkinton, MA 01748

8. This filing will be effective on **Monday, January 13, 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 **CEO: Donald Brown**

I, **Donald Brown**, consent to sign for **National Registration Agents, Inc** who serves as the Registered Agent on behalf of this entity on Monday, January 13, 2025.