

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1228833.09

dwilliams ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/30/2022 3:30 PM Fee Receipt: \$90.00

<b>Division of Business Filings</b>
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority (Foreign Business Entity)

www.sos.ky.gov						
Pursuant to the provisions of KRS 1 and, for that purpose, submits the fo		ereby applies for author	ity to transact business i	in Kentucky on beł	nalf of the entity named belo	
1. The entity is a: V profit corr	paration	nonprofit corporation		professional limited liability company		
1. The entity is a: profit corp						
business		limited liability compar	_	tatutory trust		
1 1 '	artnership	Itd cooperative associ		ther		
non-profi		professional service c	orporation			
<ol><li>The name of the entity is HEALTH</li></ol>						
(Т	he name must be identical	to the name on record	d with the Secretary of	State.)		
3. The name of the entity to be used	I in Kentucky is (if applicable	÷):				
•		(Only provide if "r	eal name" is unavailab	le for use; otherw	/ise, leave blank.)	
4. The state or country under whose	e law the entity is organized i	is Delaware				
5. The date of organization is $\frac{1/17/2}{1}$	008		eriod of duration is			
			(If left b	lank, duration is o	considered perpetual.)	
6. The mailing address of the entity'	s principal office is					
315 CAPITOL SUITE 100		HOUST		TX	77002	
Street Address		City	•	State	Zip Code	
7. The street address of the entity's	registered office in Kentucky	y is				
101 North Seventh Street		Louisville	e	_KY4	0202	
Street Address (No P.O. Box Num	bers)		City	State	Zip Code	
and the name of the registered agen	t at that office is United Age	nt Group Inc.				
<ol><li>The names and business address</li></ol>	ses of the entity's representa	atives (secretary, officers	s and directors, manager	s, trustees or gene	ral partners):	
BJ Shaknowski (PRESIDENT)	315 CAPITOL SUITE 100	HOUST	ON T	ГХ	77002	
Name	Street or P.O. Box	City		State	Zip Code	
Jordan Copland (CFO)	315 CAPITOL SUITE 100	HOUST		ΓX	77002	
Name	Street or P.O. Box	City		State	Zip Code	
Mehdi Khodadad (Secretary)	315 CAPITOL SUITE 100	HOUST			77002	
Name	Street or P.O. Box	City		State	Zip Code	
If a professional service corporation     and treasurer are licensed in one or statement of purposes of the corporation	more states or territories of t					
10. I certify that, as of the date of filir	ng this application, the above	e-named entity validly ex	ists under the laws of th	e jurisdiction of its	formation.	
11. If a limited partnership, it elects t	o be a limited liability limited	partnership. Check the	e box if applicable:			
12. If a limited liability company, ch	eck box if manager-manaç	ged:				
13. This application will be effective	upon filing.					
T:1/212.7	Marka.	Tiffany Meeker.	Special Secretary	08/30/202	22	
Signature of Authorized Representative			Name & Title		Date	
Signature of Authorized Representative	-					
United Agent Group Inc.		, consent to se	rve as the registered age	ent on behalf of the	business entity.	
Type/Print Name of Registered Agen	I .					
Merc Tember	Δris	ana Turoski	Special Sec	retary	08/30/2022	
Signature of Registered Agent		nted Name	Title		<u>00/30/2022</u>	