

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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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 business entity is a **profit corporation**.
2. The name of the entity is: **INTERNATIONAL SOS NORTH AMERICA MEDICAL SERVICES HOLDINGS, INC.**
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 **Texas**.
5. The date of organization is **6/12/2018** and the period of duration is **perpetual**.

7. Principal Office

1200 Smith Street, Suite 1050
Houston, TX 77002

8. Required Representatives

Officer	Joonas Eronen	1200 Smith Street, Houston Suite 1050	TX	77002
Officer	Carolina Gabas Bresciani	1200 Smith Street, Houston Suite 1050	TX	77002
Officer	Cyndi Baily	1200 Smith Street, Houston Suite 1050	TX	77002

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Alix Anast, Assistant Secretary**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, September 13, 2023

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