



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
11/28/2023 10:40 AM
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 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 | <input type="checkbox"/> | nonprofit corporation | <input type="checkbox"/> | professional limited liability company |
| business trust | <input checked="" type="checkbox"/> | limited liability company | <input type="checkbox"/> | statutory trust |
| limited partnership | <input type="checkbox"/> | ltd cooperative association | <input type="checkbox"/> | public benefit corporation |
| non-profit llc | <input type="checkbox"/> | professional service corporation | <input type="checkbox"/> | other |

2. The name of the entity is Louisville Urology Laser, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is November 27, 2023 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
9825 Spectrum Dr., Bldg 3
Street Address City State Zip Code
Austin TX 78717-4930

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512
Street Address (No P.O. Box Numbers) City State Zip Code
Frankfort KY 40601

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

HealthTronics Stone Solutions, LI	9825 Spectrum Dr., Bldg 3	Austin	TX	78717-4930
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing.

[Signature] Scott Steele, COO of Manager November 27, 2023
Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Terrie Bates Asst. Secy 11.27.2023
Signature of Registered Agent Printed Name Title Date

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOUISVILLE UROLOGY LASER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



2671588 8300

SR# 20234063716

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204667849

Date: 11-27-23