



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

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**Alison Lundergan Grimes**  
**Kentucky Secretary of State**  
 Received and Filed:  
 4/23/2018 3:44 PM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
**Business Filings**  
 PO 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 and KRS 271B, 273, 274, 275, 362 and 386 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 (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)  
☐ business trust (KRS 386). ☒ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)  
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust  
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS)

2. The name of the entity is Marker Neuromonitoring, 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 Texas

5. The date of organization is 04/05/2018

and the period of duration is \_\_\_\_\_

(If left blank, the period of duration is considered perpetual.)

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

5001 Rowlett Rd Suite 301

Street Address

Rowlett

City

TX

State

75088

Zip Code

7. The street address of the entity's registered office in Kentucky is

828 Lane Allen Road Ste 219

Street Address (No P.O. Box Numbers)

Lexington

City

KY

State

40504

Zip Code

and the name of the registered agent at that office is InCorp Services, Inc.

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

Matthew Wavra

5001 Rowlett Rd Suite 301, Rowlett, TX 75088

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, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

Please indicate the Kentucky county in which your business operates:

County: Jefferson

*To complete the following, please shade the box completely.*

Please indicate the size of your business:

☒ Small (Fewer than 50 employees)

☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

☐ Women-Owned

☐ Veteran Owned

☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture

☐ Mining

☒ Services

☐ Construction

☐ Wholesale Trade

☐ Retail Trade

☐ Manufacturing

☐ Finance, Insurance, Real Estate

☐ Public Administration

☐ Transportation, Communications, Electric, Gas, Sanitary Services

☐ Other

  
 Signature of Authorized Representative

Matthew Wavra, Manager

Printed Name & Title

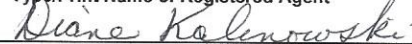
April 19, 2018

Date

I, InCorp Services, Inc.

consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

  
 Signature of Registered Agent

Diane Kalinowski Authorized Representative InCorp Services, Inc. 04/19/2018

Printed Name

Title

Date



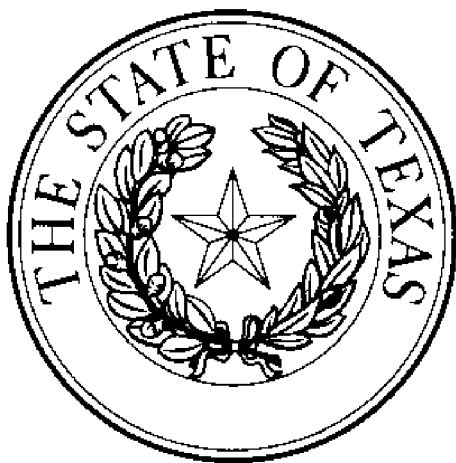
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Marker Neuromonitoring, LLC (file number 802981615), a Domestic Limited Liability Company (LLC), was filed in this office on April 05, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 19, 2018.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State