

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: **CANCER IQ 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 **Delaware**.
5. The date of organization is **2/4/2013** and the period of duration is **perpetual**.

7. Principal Office

515 N State Street
Suite 1025
Chicago, IL 60654

8. Required Representatives

Secretary	Haibo Lu	515 N State Street Chicago Suite 1025	IL	60654
Officer	Olufeyikemi Olopade Ayodele	515 N State Street Chicago Suite 1025	IL	60654
Director	Olufeyikemi Olopade Ayodele	515 N State Street Chicago Suite 1025	IL	60654
Director	Carladenise Edwards	515 N State Street Chicago Suite 1025	IL	60654
Director	Mark Bakken	515 N State Street Chicago Suite 1025	IL	60654
Director	Joel Krikston	515 N State Street Chicago Suite 1025	IL	60654
Director	Haibo Lu	515 N State Street Chicago Suite 1025	IL	60654

9. Registered Agent/Office

C T Corporation System
306 W Main Street
Suite 512
Frankfurt, KY 40601

I, **C T Corporation System**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, October 13, 2023

As the Authorized Representative, I, **Olufeyikemi Olopade Ayodele**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Chief Executive Officer**