

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

9/19/2024 12:00:00 AM

Fee receipt: \$792.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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<http://www.sos.ky.gov>

Certificate of Authority

RCA

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 limited partnership.
2. The name of the entity is: BIOLIFE PLASMA SERVICES LIMITED PARTNERSHIP
3. The name of the entity to be used in Kentucky is (if applicable): BIOLIFE PLASMA SERVICES LP
4. It is an entity organized and existing under the laws of the state of Pennsylvania.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

1200 LAKESIDE DRIVE
BANNOCKBURN, IL 60015

Registered Agent Name/Address

CT Corporation System
306 W. Main Street, Suite 512
Frankfort, KY 40601

6. Scott Dessing, Manager-General Partner, on 9/19/2024

7. I, CT Corporation System, consent to serve as the registered agent on behalf of the this entity on 9/19/2024