



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 8/30/2023 2:39 PM
 Fee Receipt: \$90.00

Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
www.sos.ky.gov

Certificate of Authority
 (Foreign Business Entity)

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:

- The entity is a:

profit corporation	nonprofit corporation	<input checked="" type="checkbox"/> professional limited liability company
business trust	limited liability company	statutory trust
limited partnership	ltd cooperative association	public benefit corporation
non-profit llc	professional service corporation	other
- The name of the entity is Biofourmis Care FL PLLC
 (The name must be identical to the name on record with the Secretary of State.)
- 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.)
- The state or country under whose law the entity is organized is Florida
- The date of organization is 04/28/2021 and the period of duration is perpetual
 (If left blank, duration is considered perpetual.)
- The mailing address of the entity's principal office is

Street Address 33 Arch Street, Floor 17 **City** Boston **State** MA **Zip Code** 02110

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

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):

Name	Street or P.O. Box	City	State	Zip Code
<u>Maulik Majmudar</u>	<u>33 Arch Street, Floor 17</u>	<u>Boston</u>	<u>MA</u>	<u>02110</u>
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:

DocuSigned by: _____ ctive upon filing.

Maulik Majmudar Maulik Majmudar Chief Medical Officer August 09, 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: C T Corporation System Kathryn A. Widdoes Kathryn A. Widdoes - Assistant Secretary 08/30/2023
 Signature of Registered Agent Printed Name Title Date