

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  
(502) 564-3490  
<http://www.sos.ky.gov>

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: **MAGNOLIA MEDICAL TECHNOLOGIES, 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 **Washington**.
5. The date of organization is **11/4/2011** and the period of duration is **perpetual**.

**7. Principal Office**

220 W Mercer St Ste 100  
Seattle, WA 98119

**8. Required Representatives**

<b>Officer</b>	Gregory Bullington	220 W Mercer St Ste 100	Seattle	WA	98119
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**9. Registered Agent/Office**

Registered Agents Inc  
212 N. 2nd St, Ste 100  
Richmond, KY 40475

I, **Bill Harve**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, March 20, 2023

As the Authorized Representative, I, **Gregory Bullington**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**