

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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

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: **SANVELLO HEALTH INC.**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **9/22/2014** and the period of duration is **perpetual**.
This Filing is Effective on Tuesday, March 26, 2024

5. Principal Office

150 South Fifth Street
Suite 825
Minneapolis, MN 55402

6. Required Representatives

Officer	Timothy J Langdon	150 South Fifth Street, Suite 825	Minneapolis	MN	55402
Secretary	Gabrielle Mosher	150 South Fifth Street, Suite 825	Minneapolis	MN	55402
Director	Andrea C Vinyard	150 South Fifth Street, Suite 825	Minneapolis	MN	55402
Officer	Andrea C Vinyard	150 South Fifth Street, Suite 825	Minneapolis	MN	55402
Officer	Peter M Gill	150 South Fifth Street, Suite 825	Minneapolis	MN	55402
Officer	Heather A Lang	150 South Fifth Street, Suite 825	Minneapolis	MN	55402

7. Registered Agent/Office

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

I, **Michele Miller**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, March 26, 2024

As the Authorized Representative, I, **Timothy J. Langdon**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Assistant Secretary**