

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

P101

1441643.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
3/26/2025 12:00:00 AM  
Fee receipt: \$90

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 entity is a **profit corporation**.

2. The name of the entity is

**GIFTHEALTH, INC.**

3. The state or country under whose law the entity is organized is **Delaware**.

4. The date of organization is **9/18/2020** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**266 N 4th St STE 200, Columbus, OH 43215**

6. The name of the initial registered agent is

**Registered Agents Inc**

and the street address of the entity's initial registered office in Kentucky is

**212 N. 2nd St. STE 100, Richmond, KY 40475**

7. The names and business addresses of the entity's representatives:

<b>Director</b>	Matt Fahey	2501 Chatham Rd Suite R, Springfield, IL 62704
<b>Officer</b>	Matt Fahey	2501 Chatham Rd Suite R, Springfield, IL 62704
<b>Officer</b>	John Romano	4066 Peregrine Pass Dr, Columbus, OH 43230

8. This filing will be effective on **Wednesday, March 26, 2025**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Signer:**  
**Robin Jones**

I, **David Roberts on behalf of Registered Agents Inc**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Wednesday, March 26, 2025.