

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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

THRIVE HEALTH TECH, INC.

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

4. The date of organization is **6/10/2022** and the period of duration is **perpetual**.

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

3810 Bedford Ave., Suite 200, Nashville, TN 37215

6. The name of the initial registered agent is

Paracorp Incorporated

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

828 Lane Allen Rd. #219, Lexington, KY 40504

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

Officer	John Anderson	3810 Bedford Ave., Suite 200, Nashville, TN 37215
Officer	Greg Miller	3810 Bedford Ave., Suite 200, Nashville, TN 37215
Director	Navid Farzad	3810 Bedford Ave., Suite 200, Nashville, TN 37215

8. This filing will be effective on **Wednesday, August 14, 2024**.

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 **Vice President: Greg Miller**

I, **Jody Moua**, consent to sign for **Paracorp Incorporated** who serves as the Registered Agent on behalf of this entity on Wednesday, August 14, 2024.