

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: **PLEXUSDX 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 **Georgia**.
5. The date of organization is **11/2/2020** and the period of duration is **perpetual**.

7. Principal Office

271 W. Short St Ste 410 #602
Lexington, KY 40507

8. Required Representatives

Officer	Jason Hastings	6110 Mcfarland Station Dr, Unit 604	Alpharetta	GA	30004
Secretary	Adam Valentine	6110 Mcfarland Station Dr, Unit 604	Alpharetta	GA	30004
Officer	Michael O'Neill	6110 Mcfarland Station Dr, Unit 604	Alpharetta	GA	30004
Director	Jon Sobilo	6110 Mcfarland Station Dr, Unit 604	Alpharetta	GA	30004

9. Registered Agent/Office

REPUBLIC REGISTERED AGENT LLC
271 W. Short St Ste 410
Lexington, KY 40507

I, **Wesley Dolan**, consent to sign for **REPUBLIC REGISTERED AGENT LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, October 11, 2023

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