



**COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE**

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ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

**Certificate of Authority
(Foreign Business Entity)**

FBE

Pursuant to the provisions of KRS 14A – 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 ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ public benefit corporation
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is 3B Medical, Inc.

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is FL

5. The date of organization is 12/27/2011

and the period of duration is Perpetual

(If left blank, duration is considered perpetual.)

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

5101 Fruitville Rd., Ste. 200

Street Address

Sarasota

City

FL

State

34232

Zip Code

7. The street address of the entity's registered office in Kentucky is

421 West Main Street

Street Address (No P.O. Box Numbers)

Frankfort

City

KY

State

40601

Zip Code

and the name of the registered agent at that office is Corporation Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

See attached list

Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

[Signature]
Signature of Authorized Representative

Jack Fiedor, Secretary
Printed Name & Title

10/18/2023
Date

I, Corporation Service Company
Type/Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the business entity.

Shauna Godbolt
Signature of Registered Agent

Shauna Godbolt
Printed Name

Assistant Secretary
Title

11/06/2023
Date

Officers:

Tom Pontzius, President
Jack Fiedor, Secretary

Directors: (only if required)

Inna Etinberg
Richardson M. Roberts
Robert Emmet Seibels, IV
Luke McGee
Sean Heyniger
Alan Quasha
John Liddicoat

Address for Officers and Directors:

5101 Fruitville Rd Ste 200
Sarasota, FL 34232