

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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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 **limited liability company**.
2. The name of the entity is: **DAS HEALTH VENTURES, LLC**
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 **Florida**.
5. The date of organization is **12/11/2015** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

1000 N Ashley Drive  
Suite 300  
Tampa, FL 33602

**8. Required Representatives**

<b>Manager</b>	Michelle Jaeger	1000 N Ashley Drive, Suite 300	Tampa	FL	33602
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**9. Registered Agent/Office**

Cogency Global Inc  
828 Lane Allen Road, Suite 219  
Lexington, KY 40504

I, **Cogency Global**, consent to sign for **Cogency Global Inc** who serves as the **Registered Agent** on behalf of this Entity.

on Tuesday, June 13, 2023

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