

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1363063.09

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Michael G. Adams Kentucky Secretary of State Received and Filed:

5/7/2024 1:27 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	1	tificate of Authorit eign Business Entity)	У	FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	– 030 the undersigned he ing statements:	ereby applies for authority to t	transact business in Kentuci	cy on behalf of the entity named below
1. The entity is a: X profit corpora	ation	nonprofit corporation	professiona	al limited liability company
business trus		limited liability company	statutory tr	ust
limited partne		Itd cooperative association		efit corporation
non-profit lic	and the contract of the contra	professional service corpora	ation other	The second secon
		protocolorial control		
2. The name of the entity is INFUSIO	name must be identical	to the name on record with	the Secretary of State.)	
The name of the entity to be used in The state or country under whose law	Kentucky is (if applicable):(Only provide if "real na		e; otherwise, leave blank.)
5. The date of organization is 01/20/20	011	and the period	of duration is	
			(If left blank, dur	ration is considered perpetual.)
6. The mailing address of the entity's p		RICHARDS	SON TX	75080
2600 N. CENTRAL EXPRESSWA	41, SUITE 280	City	State	Zip Code
****				Machine Topic (Stocked) Williams
7. The street address of the entity's reg	istered office in Kentucky	Frankfort	KY	40601
306 W. Main Street, Suite 512 Street Address (No P.O. Box Number	rs)	Ci		State Zip Code
			•	•
and the name of the registered agent at				
8. The names and business addresses	of the entity's representa	tives (secretary, officers and	directors, managers, trustee	s or general partners):
See Attached				
Name	Street or P.O. Box	City	State	Zip Code
			Chata	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 shareho	iders, 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 mo statement of purposes of the corporatio	re states or territories of t n.	the United States or District of	f Columbia to render a profe	ssional service described in the
10. I certify that, as of the date of filing	this application, the above	e-named entity validly exists u	under the laws of the jurisdic	tion of its formation.
11. If a limited partnership, it elects to b	e a limited liability limited	partnership. Check the box	if applicable:	
12. If a limited liability company, chec	k box if manager-manag	ged:		
13. This applieation will be effective up	/n filing.	Peter H.	Harris, CED	5/4/2024
Signature of Authorized Representative		Printed Name	e & Title	C Date
Type/Print Name of Registered Agent		, consent to serve as	s the registered agent on be	half of the business entity,
_ C T Corporation System		AND ENGREES	A COLOTA NET CEL	CDETARY 02/24/2024
By:	SE	AN L. EMERICK	ASSISTANT SEC	CRETARY 03/26/2024 Date
Signature of Registered Agent	an Comento Pris	nted Name	Tiue	Date

Attachment for Officer's and Director's: INFUSION VENTURES, INC.

Address for Officers and Directors	2600 N Central Expressway, Suite 280, Richardson, TX 75080

Name	Title	
Teresa Johnson	CFO	
Peter Harris	CEO and Director	
Daniel Skowronski	Director	
Mark Pridgeon	Director	