# Commonwealth of Kentucky Michael G. Adams, Secretary of State

P101
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Michael G. Adams
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 entity is a **profit corporation**.
- 2. The name of the entity is

#### COMPUGROUP MEDICAL INC

- 3. The state or country under whose law the entity is organized is **Texas**.
- 4. The date of organization is 1/1/2012 and the period of duration is perpetual.
- 5. The mailing address of the entity's principal office is

## 10901 STONELAKE BLVD, AUSTIN, TX 78759

6. The name of the initial registered agent is

#### **Corporation Service Company**

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

### 421 West Main Street, Frankfort, KY 40601

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

Secretary	Dyan Blomberg	10901 STONELAKE BLVD, Austin, TX 78759
Officer	Benedikt Brueckle	10901 STONELAKE BLVD, Austin, TX 78759
Officer	Derek Pickel	10901 STONELAKE BLVD, Austin, TX 78759
Director	Benedikt Brueckle	10901 STONELAKE BLVD, Austin, TX 78759
Director	Carl Smith	10901 STONELAKE BLVD, Austin, TX 78759
Director	Derek Pickel	10901 STONELAKE BLVD, Austin, TX 78759
Director	Eckart Pech	10901 STONELAKE BLVD, Austin, TX 78759

8. This application will be effective on Tuesday, July 9, 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 **President: DAVID VASQUEZ** 

P101

I, **ALBERTO FLORES-NUNEZ**, consent to **Service Company** who serves as the Regis of this entity on Tuesday, July 9, 2024.

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