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

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: AMERICAN DENTAL EXAMINERS, INC.

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

4. It is an entity organized and existing under the laws of the state of New York.

5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

560 Harrison Avenue Suite 403 Boston, MA 02118

Registered Agent Name/Address

COGENCY GLOBAL INC. 828 LANE ALLEN ROAD **SUITE 219** LEXINGTON, KY 40504

Current Officers

President	Wardah Inam	560 Harrison Ave., #403, Boston, MA 02118
Vice President	Deepak Ramaswamy	560 Harrison Ave., #403, Boston, MA 02118
Vice President	Ryan Kennedy	560 Harrison Ave., #403, Boston, MA 02118

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Ryan Kennedy on 2/1/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. COGENCY GLOBAL INC. on 2/1/2022

Michael G. /..... Received and Filed 2/1/2022 12:00:00 AM

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Fee receipt: \$300.00

RCA