

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/15/2024 10:38 AM Fee Receipt: \$90.00

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Division of Business Filings	
P.O. Box 718	
Frankfort, KY 40602	
(502) 564-3490	
www ene ky nov	

Certificate of Authority (Foreign Business Entity)

5. The mailing address of the entity's principal office is 11912 NE 95th Street, Suite 360 7. The street address of the entity's registered office in Kentucky is 421 West Main Street 7. The street address of the entity's registered office in Kentucky is 421 West Main Street 7. The street address of the entity's registered office in Kentucky is 421 West Main Street 7. The street address of the entity's registered office in Kentucky is 421 West Main Street 8. Trankfort 9. Trankfort 9. Trankfort 9. Trankfort 9. Trankfort 9. Trankfort	ne secretary in the
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5. The date of organization is O6/29/2023 and the period of duration is Considered perposition of the entity's principal office is 11912 NE 95th Street, Suite 360 Vancouver WA 98682 Street Address City State Zip Code 7. The street address of the entity's registered office in Kentucky is 421 West Main Street 8. 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): Matthew Deans, Member 11912 NE 95th St., Ste. 360 Vancouver WA 98682 Name Street or P.O. Box City State Zip Code Market Member 11912 NE 95th St., Ste. 360 Vancouver WA 98682 Name Street or P.O. Box City State Zip Code Jeff Baker, Member 11912 NE 95th St., Ste. 360 Vancouver WA 98682 Name Street or P.O. Box City State Zip Code Jeff Baker, Member 11912 NE 95th St., Ste. 360 Vancouver WA 98682 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 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 statement of purposes of the corporation. 10. I certify that, as of the date of filling 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. Matthew Deans, Member 31 2 0 2 V	ne secretary
5. The date of organization is O6/28/20/23 and the period of duration is (If left blank, duration is considered perpositions) (If left blank, duration is considered perposition) (If left blank, duration is considered perposition) (If left blank, duration is considered perposition (If left blank, duration is considered perposition. WA 98682 The name of the entity's registered office in Kentucky is city State	ne secretary
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and the period of duration is	etual.)
4. The state or country under whose law the entity is organized is Washington	
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	.)
(The name must be identical to the name on record with the secretary of state.)	
2. The name of the entity is Zoia Pharma, LLC (The name must be identical to the name on record with the Secretary of State.)	
non-profit llc professional service corporation dther	
limited partnership Ltd cooperative association public benefit corporation	
business trust Imited liability company statutory trust	
1. The entity is a: profit corporation nonprofit corporation professional limited liability company	
and, for that purpose, submits the following statements:	
Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity r	amed below