

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
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<http://www.sos.ky.gov>

Certificate of Authority

RCA

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: Eclipse TB Management LLC
3. The name of the entity to be used in Kentucky is (if applicable): Eclipse TB Management LLC
4. It is an entity organized and existing under the laws of the state of Delaware.
5. The date of organization is 12/5/2017 and the period of duration is perpetual

Principal Office

712 Chafee Ave SW
Aiken, SC 29801

Registered Agent Name/Address

Stephen Horn
2421 Members Way
Lexington , KY 40504

Members/Managers

Manager	Aron A Wellman	3932 Via Reposo Rancho Santa Fe, CA 92091
Manager	Brian M Spearman	72 Old West Mountain Rd Ridgefield, CT 06877

6. William S Victor, CFO, on 10/31/2023

7. I, Stephen Horn, consent to serve as the registered agent on behalf of the this entity on 10/31/2023