

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

L902

1376280.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
7/3/2024 12:00:00 AM  
Fee receipt: \$90

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 **limited liability company**.

2. The name of the entity is

**HealthSense LLC**

3. The name of the entity to be used in Kentucky is

**HealthSense LLC**

4. The state or country under whose law the entity is organized is **New York**.

5. The date of organization is **10/13/2006** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

**416 W 52nd St Apt 525, New York, NY 10019**

7. The name of the initial registered agent is

**Focus Analytics Ltd**

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

**711 Amsterdam Ave Apt 17k, New York, NY 10025**

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

<b>Authorized Rep</b>	Focus Analytics Ltd	711 Amsterdam Ave Apt 17k, New York, NY 10025
<b>Registered Agent</b>	Andrea Drake	656 Sheridan Dr, Lexington, KY 40503
<b>Authorized Rep</b>	Beau Romero	416 W 52nd St Apt 525, New York, NY 10019

9. This entity is managed by **Members**.

10. This application will be effective on **Wednesday, July 3, 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 **Authorized Rep:**  
**Barbara Yam**

I, **Andrea Drake**, consent to sign for **Focus**  
serves as the Registered Agent on behalf of  
Wednesday, July 3, 2024.

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