

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY 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 business entity is a **profit corporation**.
2. The name of the entity is: **NIRVANTA HEALTH INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **4/10/2023** and the period of duration is **perpetual**.

7. Principal Office

1415 Bardstown Road
Louisville, KY 40204

8. Required Representatives

Officer	Jeffrey Amrein	11711 Paramont Prospect Way	KY	40059
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9. Registered Agent/Office

CAPITOL CORPORATE SERVICES, INC.
828 Lane Allen Road, Suite 219
Lexington, KY 40504

I, **Krista Abair**, consent to sign for **CAPITOL CORPORATE SERVICES, INC.** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, April 11, 2023

As the Authorized Representative, I, **Jeffrey Amrein**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CEO, President and Secretary**