

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
(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: **TRES 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 **Florida**.
5. The date of organization is **7/15/2022** and the period of duration is **perpetual**.

7. Principal Office

212 N. 2nd St. STE 100
Richmond, KY 40475

8. Required Representatives

Secretary	Michael Feeney	212 N. 2nd St. STE 100	Richmond	KY	40475
Director	Michael Feeney	212 N. 2nd St. STE 100	Richmond	KY	40475
Director	Ari Rostowsky	950 Peninsula Corp Cir Suite 3007	Boca Raton	FL	33487
Director	David Morris	950 Peninsula Corp Cir Suite 3007	Boca Raton	FL	33487
Officer	Ari Rostowsky	950 Peninsula Corp Cir Suite 3007	Boca Raton	FL	33487
Officer	David Morris	950 Peninsula Corp Cir Suite 3007	Boca Raton	FL	33487

9. Registered Agent/Office

Northwest Registered Agent LLC
212 N. 2nd St. STE 100
Richmond, KY 40475

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, May 26, 2023

As the Authorized Representative, I, **Nat Smith**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized signer**