

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

P101  
1424285.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
2/1/2025 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 **profit corporation**.

2. The name of the entity is

**Tucuvi Health Inc**

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

**Tucuvi Health Inc**

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

5. The date of organization is **5/16/2023** and the period of duration is **perpetual**.

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

**80 Broad St Ste 2103, New York, NY 10004**

7. The name of the initial registered agent is

**Talent to Team**

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

**1601 29th St Unit 1292, Boulder, CO 80301**

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

<b>Officer</b>	Talent to Team	1601 29th St Unit 1292, Boulder, CO 80301
<b>Authorized Rep</b>	Talent to Team	1601 29th St Unit 1292, Boulder, CO 80301
<b>Registered Agent</b>	Brad Adams	609 Camp St, Louisville, KY 40203

9. This filing will be effective on **Saturday, February 1, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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:**  
**Tapiwanashe Nhundu**

I, **Brad Adams**, consent to sign for **Talent to**  
the Registered Agent on behalf of this entity  
23, 2025.

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