

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Fee receipt: \$90.00

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

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: **SPIRAS HEALTH, INC.**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **6/9/2015** and the period of duration is **perpetual**.
This Filing is Effective on Wednesday, February 28, 2024

5. Principal Office

111 WESTWOOD PLACE
SUITE 100
BRENTWOOD, TN 37027

6. Registered Agent/Office

CT CORPORATION SYSTEM
306 WEST MAIN STREET
FRANKFORT, KY 40601

I, **SUSAN JOHNSON**, consent to sign for **CT CORPORATION SYSTEM** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, February 28, 2024

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