

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

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Michael G. Adams  
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 entity is a **profit corporation**.

2. The name of the entity is

**DENTOGNOSTICS USA INC.**

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **1/15/2020** and the period of duration is **perpetual**.

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

**515 N. Flagler Drive Suite 350, West Palm Beach, FL 33401**

6. The name of the initial registered agent is

**Corporation Services Company**

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

**421 West Main Street, Frankfort, KY 40601**

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

**Officer**                      Michael Lazzara                      515 N. Flagler Drive, Suite 350, West Palm Beach,  
FL 33401

8. This filing will be effective on **Tuesday, January 7, 2025**.

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 **CEO: Michael Lazzara**

I, **Steph Albertini**, consent to sign for **Corporation Services Company** who serves as the Registered Agent on behalf of this entity on Tuesday, January 7, 2025.