

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
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<http://www.sos.ky.gov>

Certificate of Authority

RCA

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 nonprofit corporation.
2. The name of the entity is: PHARMACEUTICAL MANAGEMENT SCIENCE ASSOCIATION, INC.
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Colorado.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

1024 CAPITAL CENTER DRIVE
STE 205
FRANKFORT, KY 40601

Registered Agent Name/Address

STEPHANIE CZUHAJEWSKI
1024 CAPITAL CENTER DRIVE
STE 205
FRANKFORT, KY 40601

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Stephanie Czuhajewski on 8/18/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. STEPHANIE CZUHAJEWSKI on 8/18/2022