

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

SYNTHESIS HEALTH PARTNERS, INC.

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

4. The date of organization is **10/21/2021** and the period of duration is **perpetual**.

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

23501 Cinco Ranch Blvd Suite H120, Katy, TX 77494

6. The name of the initial registered agent is

Kentucky Registered Agent, LLC

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

212 N 2nd Street Suite 100, Richmond, KY 40475

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

Director	Adam Weiss	23501 Cinco Ranch Blvd. Suite H120, Katy, TX 77494
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8. This filing will be effective on **Tuesday, March 18, 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 **Controller: Adam Weiss**

I, **Kentucky Registered Agent, LLC**, consent to sign for **Kentucky Registered Agent, LLC** who serves as the Registered Agent on behalf of this entity on Tuesday, March 18, 2025.