

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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: **HEALTHCARE TRIANGLE, INC.**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **4/27/2020** and the period of duration is **perpetual**.

7. Principal Office

7901 Stoneridge Dr, Ste 220
Pleasanton, CA 94588

8. Required Representatives

Officer	Suresh Venkatachari	2827 E Cog Hill Terrace	Dublin	CA	94568
Secretary	Suresh Venkatachari	2827 E Cog Hill Terrace	Dublin	CA	94568
Director	Lakshmanan Kannappan	1609 N Terracina Dr	Dublin	CA	94568
Director	Shibu Kizhakevilayil	3947 Alstead Ct	Dublin	CA	94568
Director	April Bjornstad	2522 Medina Circle	Medina	WA	98039
Director	John Leo	1100 Brickell Bay Drive Apt 60F	Miami	FL	33131
Director	Dave Rosa	9705 Emerson Court	Eden Prarie	MN	55347

9. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504-3659

I, **Heather Glenn on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, January 12, 2023

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