

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1262794
Michael G. Adams
KY Secretary of State
Received and Filed

2/23/2023 11:38:13 PM

Fee receipt: \$90.00

P101

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 business entity is a **profit corporation**.
2. The name of the entity is: **LIMESTONE LABORATORIES INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **2/13/2023** and the period of duration is **perpetual**.

7. Principal Office

800 CORPORATE DRIVE, STE 130
LEXINGTON, KY 40503

8. Required Representatives

| | | | | |
|------------------|-----------------|------------------------------------|----|-------|
| Secretary | Zachary H Doss | 838 E High Street Lexington 202 | KY | 40502 |
| Officer | Andrew T Bright | 838 E High Street Lexington 202 | KY | 40502 |

9. Registered Agent/Office

CT CORPORATION
306 W. Main Street, Ste 512
FRANKFORT, KY 40601

I, **CT CORPORATION**, consent to sign for **CT CORPORATION** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, February 23, 2023

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