

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

P101

1374094.09
Michael G. Adams
Secretary of State
Received and Filed
7/1/2024 12:00:00 AM
Fee receipt: \$90

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

Clinical Study Applications Inc

3. The name of the entity to be used in Kentucky is

Clinical Study Applications Inc

4. The state or country under whose law the entity is organized is **Arizona**.

5. The date of organization is **2/1/2001** and the period of duration is **perpetual**.

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

612 Mallard Dr, Alexandria, KY 41001

7. The name of the initial registered agent is

Jennifer Chagnon

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

612 Mallard Dr, Alexandria, KY 41001

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

Registered Agent	Jennifer Chagnon	612 Mallard Dr, Alexandria, KY 41001
Authorized Rep	Anita Lopez	3305 N Delaware St, Chandler, AZ 85225
President	Charles Heying	3305 N Delaware St, Chandler, AZ 85225

9. This application will be effective on **Monday, July 1, 2024**.

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 **Authorized Rep: Anita Lopez**

I, **Jennifer Chagnon**, consent to sign for **Jennifer Chagnon** who

serves as the Registered Agent on behalf of
June 24, 2024.

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