



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1378795.09

m Moore
ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
7/15/2024 1:00 PM
Fee Receipt: \$90.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 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 ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ public benefit corporation
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is CATHWORKS, INC.

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 04/05/2017 and the period of duration is PERPETUAL

(If left blank, duration is considered perpetual.)

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

4000 MACARTHUR BLVD, SUITE 1025-EAST TOWER

Street Address

NEWPORT BEACH

City

CA

State

92660

Zip Code

7. The street address of the entity's registered office in Kentucky is

421 West Main Street

Street Address (No P.O. Box Numbers)

Frankfort

City

KY

State

40601

Zip Code

and the name of the registered agent at that office is Corporation Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

SEE ATTACHED

Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Michael J. Feher

Signature of Authorized Representative

MICHAEL FEHER, VP CFO

Printed Name & Title

05/01/2024

Date

I, Corporation Service Company

Type/Print Name of Registered Agent

consent to serve as the registered agent on behalf of the business entity.

Jawann Latney

Signature of Registered Agent

Jawann Latney

Printed Name

Assistant Secretary

Title

07/15/2024

Date

Names and Addresses of Officers:

Officer: CEO				
Ramin		Mousavi		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
4000 MacArthur Blvd, Suite 1025-East Tower	Newport Beach	CA	US	92660
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

Officer: CFO				
Michael		Feher		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
4000 MacArthur Blvd, Suite 1025-East Tower	Newport Beach	CA	US	92660
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

Names and Addresses of Persons on Board of Directors:

Director 1					
Ramin		Mousavi			
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>		<i>Suffix</i>	
4000 MacArthur Blvd, Suite 1025-East Tower	Newport Beach	CA	US	92660	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>	

Director 2					
Scott	R	Ward			
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>		<i>Suffix</i>	
4000 MacArthur Blvd, Suite 1025-East Tower	Newport Beach	CA	US	92660	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>	

Director 3					
Andrew		ElBardissi			
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>		<i>Suffix</i>	
4000 MacArthur Blvd, Suite 1025-East Tower	Newport Beach	CA	US	92660	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>	

Director 4					
Matthew		Gaylord			
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>		<i>Suffix</i>	
4000 MacArthur Blvd, Suite 1025-East Tower	Newport Beach	CA	US	92660	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>	

Director 5					
David		Neustaedter			
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>		<i>Suffix</i>	
	Newport Beach	CA	US	92660	

4000 MacArthur Blvd, Suite 1025- East Tower				
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>