

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1265896
Michael G. Adams
KY Secretary of State
Received and Filed

3/8/2023 2:19:44 PM

Fee receipt: \$90.00

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Michael G. Adams
Secretary of State
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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: **NURSA, 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 **7/28/2020** and the period of duration is **perpetual**.

7. Principal Office

5295 S Commerce Dr Ste 600
MURRAY, UT 84107

8. Required Representatives

Secretary	DALLIN SALMON	5295 S CommerceMURRAY Dr Ste 600	UT	84107
Officer	CURTIS ANDERSON	5295 S CommerceMURRAY Dr Ste 600	UT	84107
Director	BEN LAMBERT	5295 S CommerceMURRAY Dr Ste 600	UT	84107
Director	CURT ROBERTS	5295 S CommerceMURRAY Dr Ste 600	UT	84107
Director	MOLLY BONAKDARPOUR	5295 S CommerceMURRAY Dr Ste 600	UT	84107

9. Registered Agent/Office

REGISTERED AGENTS INC
212 N. 2nd Street, STE 100
RICHMOND, KY 40475

I, **DAVID ROBERTS**, consent to sign for **REGISTERED AGENTS INC** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, March 8, 2023

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