

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Certificate of Authority  
Foreign Business Entity

FBE

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 271B 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 **Rhiza Health Inc..**
3. The name of the entity to be used in Kentucky is **Rhiza Health Inc..**
4. The state or country under whose law the entity is organized is **Delaware.**
5. The date of organization is **2/2/2022.**
6. The mailing address of the entity's principal office is **149 Blakenrod Blvd, Coks Creek, KY 40013.**
7. The street address of the entity's registered office in Kentucky is **149 Blakenrod Blvd, Coks Creek, KY 40013** and the name of the registered agent in that office is **Kyle Culver.**
8. The names and business addresses of the entity's representatives:

Kyle Culver	149 Blakenrod Blvd, Coks Creek, KY 40013
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9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
10. This application will be effective on filing.

Signature of Authorized Representative:  
**Kyle Culver**

I, **Kyle Culver**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Kyle Culver