

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
Secretary of State
Received and Filed
8/30/2017 9:53:36 AM
Fee receipt: \$90.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority
Foreign Business Entity

FBE

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 273 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 **nonprofit** corporation.
2. The name of the entity is **South Central Association of Blood Banks Inc.**
3. The name of the entity to be used in Kentucky is **South Central Association of Blood Banks SCABB Inc.**
4. The state or country under whose law the entity is organized is **Texas**.
5. The date of organization is **8/30/2017**.
6. The mailing address of the entity's principal office is **2901 Richmond Rd, Suite 130-176, Lexington, KY 40509**.
7. The street address of the entity's registered office in Kentucky is **1481 Leestown Rd, Lexington, KY 40511** and the name of the registered agent in that office is **Karla Stahlman**.
8. The names and business addresses of the entity's representatives:

Elizabeth Pearce	23636 Pondview Pl, Golden, CO 80401
Karla Stahlman	1481 Leestown Rd, Lexington, KY 40511
Karla Stahlman	1481 Leestown Rd, Lexington, KY 40511
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:
Elizabeth Pearce

I, **Karla Stahlman**, 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:

Karla Stahlman

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