Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes
Secretary of State
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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 **Encore Dermatology Inc.**.
3. The name of the entity to be used in Kentucky is **Encore Dermatology Inc.**.
4. The state or country under whose law the entity is organized is **Delaware**.
5. The date of organization is **5/27/2014**.
6. The mailing address of the entity's principal office is **5 Great Valley Pkwy Ste 200, Malvern, PA 19355**.
7. The street address of the entity's registered office in Kentucky is **326 Longmeadow Ln, Fort Mitchell, KY 41017** and the name of the registered agent in that office is **James Fowee**.
8. The names and business addresses of the entity's representatives:

   Robert Moccia 5 Great Valley Pkwy Ste 200, Malvern, PA 19355
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:
Chris Lesovitz

I, **James Fowee**, 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:

James Fowee