

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State

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Michael G. Adams
Secretary of State
P. O. Box 718
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 **limited liability company**.
2. The name of the entity is: **ZENOVA TELEHEALTH, LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **10/25/2023** and the period of duration is **perpetual**.
5. This entity is managed by Members

6. Principal Office

3340 Perimeter Hill Drive
Nashville, TN 37211

7. Required Representatives

Member	Louis Hallman	3340 Perimeter Hill Dr.	Nashville	TN	37211
Member	David Waltzer	3340 Perimeter Hill Dr.	Nashville	TN	37211
Member	Marc Goldstone	3340 Perimeter Hill Dr.	Nashville	TN	37211

8. Registered Agent/Office

Corporate Creations Network, Inc.
101 North Seventh Street
Louisville, KY 40202

I, **Corporate Creations Network, inc.**, consent to sign for **Corporate Creations Network, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, November 21, 2023

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