

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 **profit corporation**.
2. The name of the entity is: **ACCURATE HEALTHCARE INC**
3. The state or country whose law the entity is organized is **Tennessee**.
4. The date of organization is **2/1/2002** and the period of duration is **perpetual**.

5. Principal Office

493 CAVE ROAD
NASHVILLE , TN 37210

6. Required Representatives

Officer	JAMES HOBBS	493 CAVE ROAD NASHVILLE	TN	37210
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7. Registered Agent/Office

NORTHWEST REGISTERED AGENT LLC
212 N. 2ND STREET, SUITE 100
RICHMOND, KY 40475

I, **TAYLOR NEWMAN**, consent to sign for **NORTHWEST REGISTERED AGENT LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, December 7, 2023

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