

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1429100.06
Michael G. Adams
Secretary of State
Received and Filed
2/11/2025 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

Nordyke Health LLC

3. The name of the entity to be used in Kentucky is

Nordyke Health LLC

4. The state or country under whose law the entity is organized is **Ohio**.

5. The date of organization is **11/14/2023** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

8044 Montgomery Rd Ste 700, Cincinnati, OH 45236

7. The name of the initial registered agent is

Michael Means

and the street address of the entity's initial registered office in Kentucky is

8107 Woodcreek Dr, Florence, KY 41042

8. The names and business addresses of the entity's representatives:

Registered Agent	Michael Means	8107 Woodcreek Dr, Florence, KY 41042
Authorized Rep	Zachary Nordyke	2101 Grandin Rd Apt 405, Cincinnati, OH 45208
Authorized Rep	Michael Means	8107 Woodcreek Dr, Florence, KY 41042

9. This entity is managed by **Members**.

10. This filing will be effective on **Tuesday, February 11, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep**:

Zachary Nordyke

I, **Michael Means**, consent to sign for **Mich**
serves as the Registered Agent on behalf of
February 11, 2025.

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