

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

1/12/2024 1:02:03 PM

Fee receipt: \$90.00

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 **nonprofit corporation**.
2. The name of the entity is: **MANUAL.CARE INC.**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **1/12/2024** and the period of duration is **perpetual**.  
This Filing is Effective on Friday, January 12, 2024

**5. Principal Office**

3523 14th Street NW, Unit 4  
Washington, DC 20010

**6. Required Representatives**

<b>Director</b>	Matthew Stefanko	3523 14th Street NW, Unit 4	Washington	DC	20010
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**7. Registered Agent/Office**

Registered Agents Inc.  
212 North 2nd Street, Suite 100  
Richmond, KY 40475

I, **Bill Havre**, consent to sign for **Registered Agents Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, January 12, 2024

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