

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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 **professional service corporation**.
2. The name of the entity is: **CONSCIENTIA HEALTH P.A.**
3. The name of the entity to be used in Kentucky is (if applicable): **CONSCIENTIA HEALTH P.A. P.S.C.**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **1/1/2023** and the period of duration is **perpetual**.
6. As a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, And all Of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia To render a professional service described in the statement of purposes of the corporation.

**7. Principal Office**

734 Irma Ave  
Orlando, FL 32803

**8. Registered Agent/Office**

Northwest Registered Agent LLC  
212 N. 2nd Street, STE 100  
Richmond, KY 40475

I, **Tom Glover**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, December 16, 2022

As the Authorized Representative, I, **Simbiat Oladiran-Adighije**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**