

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1281905
Michael G. Adams
KY Secretary of State
Received and Filed

5/16/2023 3:37:15 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 **limited liability company**.
2. The name of the entity is: **PHOENIX MEDICAL GROUP, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **9/14/2017** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

13802 N Scottsdale Rd., #151-30
Scottsdale, AZ 85254

8. Required Representatives

Member	Thomas Harmon	12411 N 57th St	Scottsdale	AZ	85254
Member	Adam Greene	17 Marbourne Drive	Mamaroneck	NY	10543
Member	Arnold Greene	17 Marbourne Drive	Mamaroneck	NY	10543
Member	Eugene Greene	11 Sagg Pond Court	Sagaponack	NY	11962

9. Registered Agent/Office

Vcorp Agent Services, Inc.
306 W. Main St Ste 512
Frankfort, KY 40601

I, **Miriam Nachison**, consent to sign for **Vcorp Agent Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, May 16, 2023

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