



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
7/19/2023 1:40 PM
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 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:
- | | | |
|--|---|---|
| <input type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input checked="" type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> public benefit corporation |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | <input type="checkbox"/> other |

2. The name of the entity is LRS Healthcare, LLC

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 03/22/2023 and the period of duration is Perpetual
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
2655 Northwinds Parkway

Alpharetta
City

GA
State

30009
Zip Code

Street Address

7. The street address of the entity's registered office in Kentucky is
421 West Main Street

Frankfort
City

KY
State

40601
Zip Code

Street Address (No P.O. Box Numbers)

and the name of the registered agent at that office is Corporation Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

JH LRS Holdings, LLC 2655 Northwinds Parkway
Name **Street or P.O. Box**

Alpharetta
City

GA
State

30009
Zip Code

Name **Street or P.O. Box**

City

State

Zip Code

Name **Street or P.O. Box**

City

State

Zip Code

9. If 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.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Signature of Authorized Representative

Tiphonie McAfee, Authorized Person

Printed Name & Title

5/15/2023
Date

I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Eddy Rodriguez
Signature of Registered Agent

Eddy Rodriguez
Printed Name

Assistant Secretary
Title

07/18/23
Date