

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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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: **SKYLINE WOUND CARE, PLLC**
3. The state or country whose law the entity is organized is **Florida**.
4. The date of organization is **1/15/2024** and the period of duration is **perpetual**.
This Filing is Effective on Monday, January 15, 2024
5. This entity is managed by Members

6. Principal Office

212 N. 2nd St. STE 100
Richmond, KY 40475

7. Registered Agent/Office

Registered Agents Inc
212 N. 2nd St. STE 100
Richmond, KY 40475

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, January 15, 2024

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