Commonwealth of Kentucky Michael G. Adams, Secretary of St.

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Michael G. /.......
KY Secretary of State
Received and Filed

11/3/2023 12:00:00 AM Fee receipt: \$150.00

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

RCA

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: OVP HEALTH CARE, INC
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. It is an entity organized and existing under the laws of the state of Ohio.
- 5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

6276 County Rd 107 Protorville, OH 45669

Registered Agent Name/Address

Jay Baker 2550 Carter Ave Ashland, KY 41101

Current Officers

President

Jay L Baker

22029 Country Club Dr, Catlettsburg KY 41129

- 6. Jay L Baker, CEO, on 11/3/2023
- 7. I, Jay Baker, consent to serve as the registered agent on behalf of the this entity on 11/3/2023