

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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: **ADVANCED HOME MEDICAL, L.L.C.**
3. The name of the entity to be used in Kentucky is (if applicable): **ADVANCED HOME MEDICAL KY, L.L.C.**
4. The state or country whose law the entity is organized is **Ohio**.
5. The date of organization is **2/16/2001** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

6665 Huntley Road, Suite N
Columbus, OH 43229

8. Required Representatives

Manager	Jonathan B. Novak	6665 Huntley Road, Suite N	Columbus	OH	43229
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9. Registered Agent/Office

C T Corporation System
306 West Main Street, Suite 512
Frankfort, KY 40601

I, **Theresa Buck**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, August 2, 2023

As the Authorized Representative, I, **Jonathan B. Novak**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**