

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
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: **REMEDY CENTER 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 **Indiana**.
5. The date of organization is **12/14/2020** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

177 S Pelzer Rd
Boonville, IN 47601

8. Required Representatives

| | | | | | |
|---------------|---------------|-----------------|-----------|----|-------|
| Member | Brice Bennett | 177 S Pelzer Rd | Boonville | IN | 47601 |
|---------------|---------------|-----------------|-----------|----|-------|

9. Registered Agent/Office

United States Corporation Agents, Inc.
9900 Corporate Campus Drive, Suite 3000
Louisville, KY 40223

I, **CHEYENNE MOSELEY, ASSISTANT SECRETARY**, consent to sign for **United States Corporation Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, August 31, 2023

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