

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1392311.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
9/2/2024 12:00:00 AM  
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

**Health Providers of America LLC**

3. The name of the entity to be used in Kentucky is

**Health Providers of America LLC**

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

5. The date of organization is **9/18/2014** and the period of duration is **perpetual**.

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

**217 Lockhart Rd, Ledbetter, KY 42058**

7. The name of the initial registered agent is

**Rita Driver**

and the street address of the entity's initial registered office in Kentucky is

**217 Lockhart Rd, Ledbetter, KY 42058**

8. The names and business addresses of the entity's representatives:

<b>Registered Agent</b>	Rita Driver	217 Lockhart Rd, Ledbetter, KY 42058
<b>Authorized Rep</b>	Michael Brohm	4221 River Bottom Dr, Peachtree Corners, GA 30092
<b>Authorized Rep</b>	Rita Driver	217 Lockhart Rd, Ledbetter, KY 42058

9. This entity is managed by **Members**.

10. This filing will be effective on **Monday, September 2, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep:**  
**Michael Brohm**

I, **Rita Driver**, consent to sign for **Rita Driver**  
Registered Agent on behalf of this entity on **9/2/2024**  
2024.

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