

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: **LEAN MED, 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 **Pennsylvania**.
5. The date of organization is **3/12/2018** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

103 E 3rd St. Apt. 1106  
Covington, KY 41101

**8. Required Representatives**

<b>Manager</b>	Mark W. Adkins	103 E 3rd St. Apt. Covington 1106	KY	41101
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**9. Registered Agent/Office**

National Registered Agents, Inc.  
306 W. Main Street, Suite 512  
Frankfort, KY 40601

I, **Patti Gatto**, consent to sign for **National Registered Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, August 29, 2023

As the Authorized Representative, I, **Mark W. Adkins**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CEO**