

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Secretary of State  
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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 entity is a **limited liability company**.

2. The name of the entity is

**LONGEVITY HEALTH AGENCY, LLC**

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **6/16/2022** and the period of duration is **perpetual**.

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

**11780 N US Highway 1, Suite N107, North Palm Beach, FL 33408**

6. The street address of the entity's registered office in Kentucky is

**421 West Main Street, Frankfort, KY 40601**

and the name of the registered agent at that office is **Corporation Service Company**.

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

<b>Member</b>	Leslie S. Granow	11780 N US Hwy 1, Ste N107	N. Palm Beach	FL	33408
<b>Member</b>	Richard Budwell	11780 N US Hwy 1, Ste N107	N. Palm Beach	FL	33408

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

9. This application will be effective on **Wednesday, May 1, 2024**.

As the Authorized Representative, I, **Leslie S. Granow**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Person**

I, **Ethan Scott**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this limited liability company company.