

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
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 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:

Member	Leslie S. Granow	11780 N US Hwy 1, Ste N107	N. Palm Beach	FL	33408
Member	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.