

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: **PROLINK HEALTHCARE 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 **Ohio**.
5. The date of organization is **10/20/2014** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

4600 Montgomery Rd
Suite 300
Cincinnati, OH 45212

8. Required Representatives

Member	Mark Arnett	4600 Montgomery Cincinnati Rd, Suite 300	OH	45212
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9. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Rd. Ste 219
Lexington, KY 40504

I, **Kathy Shin**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.

on Tuesday, October 17, 2023

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