Commonwealth of Kentucky Michael G. Adams, Secretary of St

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Michael G. A......
KY Secretary of State
Received and Filed

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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

RCA

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: MINUTEMAN MEDICINE, LLC
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. It is an entity organized and existing under the laws of the state of South Carolina.
- 5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

3612 Goodwater Street Mount Pleasant, SC 29466

Registered Agent Name/Address

Michael Sanders 17721 KY Rt 122 Hi Hat, KY 41636

Members/Managers

Manager Michael Brian Sanders 3612 Goodwater Street Mount Pleasant, SC 29466 Manager Donna Sha Sanders 3612 Goodwater STreet Mount Pleasant, SC 29466

- 6. Michael Sanders, Chief Medical Officer, on 9/21/2023
- 7. I, Michael Sanders, consent to serve as the registered agent on behalf of the this entity on 9/21/2023