

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1368023.06
Michael G. Adams
Secretary of State
Received and Filed
5/29/2024 12:00:00 AM
Fee receipt: \$90

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

RELIABLE HEALTHCARE RESOURCES LLC

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

4. The date of organization is **10/11/2018** and the period of duration is **perpetual**.

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

212 N. 2nd St. STE 100, Richmond, KY 40475

6. The name of the initial registered agent is

Registered Agents Inc

and the street address of the entity's initial registered office in Kentucky is

212 N. 2nd St. STE 100, Richmond, KY 40475

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

Member	Stella Barrow	321 Brooks Rd., Jefferson, TX 75657
Member	Michael Dabreu	212 N. 2nd St. STE 100, Richmond, KY 40475

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

9. This application will be effective on **Wednesday, May 29, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Signer:**
Robin Jones

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Wednesday, May 29, 2024.