

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
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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
MY MEDICHOICE NETWORK LLC
3. The state or country under whose law the entity is organized is **Ohio**.
4. The date of organization is **3/26/2021** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
3640 Split Rail Lane, Avon, OH 44011
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 Street, STE 100, Richmond, KY 40475
7. The names and business addresses of the entity's representatives:

Member	Michael J Kowal	3640 Split Rail Lane, Avon, OH 44011
Member	Derek Thomas	3640 Split Rail Lane, Avon, OH 44011
8. This entity is managed by **Members**.
9. This application will be effective on **Tuesday, July 16, 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 **Member: Michael J Kowal**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Tuesday, July 16, 2024.