



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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 : ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)
☐ business trust (KRS 386). ☐ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS) ☐ unincorporated association

2. The name of the entity is Conquest Medicaid Services Inc.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is New York

5. The date of organization is 11/05/2024 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
2035 Stonebrook Place Kingsport TN 37660
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
60 Phillips Branch Rd Phelps KY 41553
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Mindy Munk

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

<u>Mindy Jaroslawicz</u>	<u>26 Carteret Drive</u>	<u>Pomona</u>	<u>NY</u>	<u>10970</u>
Name	Street or P.O. Box	City	State	Zip Code
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Name	Street or P.O. Box	City	State	Zip Code
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

Please indicate the Kentucky county in which your business operates: County: <u>Pike</u>	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input checked="" type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction

<u>Mindy Jaroslawicz</u>	<u>Mindy Jaroslawicz, President</u>	<u>03/18/2025</u>
Signature of Authorized Representative	Printed Name & Title	Date
I, <u>Mindy Munk</u> , consent to serve as the registered agent on behalf of the business entity.		
Type/Print Name of Registered Agent		
<u>Mindy Munk</u>	<u>Mindy Munk</u>	<u>03/18/2025</u>
Signature of Registered Agent	Printed Name	Date

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	CONQUEST MEDICAID SERVICES INC.
DOS ID Number:	7457628
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/05/2024
Statement Status:	CURRENT
Statement Due Date:	11/30/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	11/05/2024
Entity Name:	CONQUEST MEDICAID SERVICES INC.

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 02, 2025 at 11:59 A.M.

WALTER T. MOSLEY
Secretary of State

Brandon C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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