

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: **COMPREHENSIVE SLEEP SOLUTIONS, L.L.C.**
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 **Arizona**.
5. The date of organization is **8/21/2000** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

19387 US 19 North  
Clearwater, FL 33764

**8. Required Representatives**

<b>Manager</b>	Gregory McCarthy	19387 US 19 North	Clearwater	FL	33764
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**9. Registered Agent/Office**

CT Corporation System  
306 W Main Street  
Suite 512  
Frankfort, KY 40601

I, **Stephanie Hencz, Assistant Secretary**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, September 26, 2023

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