



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 8/2/2022 8:02 AM
 Fee Receipt: \$90.00

Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
www.sos.ky.gov

Certificate of Authority
 (Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 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: ☒ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☒ professional service corporation

2. The name of the entity is Salvo Physician Practice, P.A.
 (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): Salvo Physician Practice, P.A., P.S.C.
 (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 Florida

5. The date of organization is 03-01-2022 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
335 Madison Ave, 7th Floor New York NY 10017
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road, Suite 219 Lexington KY 40504
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is COGENCY GLOBAL INC.

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

Name	Street or P.O. Box	City	State	Zip Code
Max Pitman	251 Clinton St	Brooklyn	NY	11201
Name	Street or P.O. Box	City	State	Zip Code
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.

Max Pitman Dr. Max Pitman, President 7/29/2022
 Signature of Authorized Representative Printed Name & Title Date

I, COGENCY GLOBAL INC., consent to serve as the registered agent on behalf of the business entity.
 Type/Print Name of Registered Agent

Lauren Thorne Assistant Secretary 8/1/2022
 Signature of Registered Agent Printed Name Title Date

State of Florida

Department of State

I certify from the records of this office that SALVO PHYSICIAN PRACTICE, P.A. is a corporation organized under the laws of the State of Florida, filed on March 1, 2022.


The document number of this corporation is P22000015445.

I further certify that said corporation has paid all fees due this office through December 31, 2022 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-eighth day of July,
2022*




Secretary of State

Tracking Number: 0645295960CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>