

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1357628.06
Michael G. Adams
Secretary of State
Received and Filed
4/16/2024 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 **professional limited liability limited company**.

2. The name of the entity is

Bridgeview Medical LLC

3. The name of the entity to be used in Kentucky is

Bridgeview Medical LLC

4. The state or country under whose law the entity is organized is **Indiana**.

5. The date of organization is **7/22/2022** and the period of duration is **perpetual**.

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

2111 Lytle St, Louisville, KY 40212

7. The street address of the entity's registered office in Kentucky is

3520 Charlevoix Ct, Floyds Knobs, IN 47119

and the name of the registered agent at that office is **Bridgeview Medical LLC**.

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

Authorized Rep	Bridgeview Medical LLC	3520 Charlevoix Ct	Floyds Knobs	IN	47119
Registered Agent	Jean Hanka	2111 Lytle St	Louisville	KY	40212
Authorized Rep	Jean Hanka	Po Box 278	Greenville	IN	47124
Authorized Rep	Jeanne Hanka	2111 Lytle St	Louisville	KY	40212

9. This entity is limited partnership that elects to be a limited liability limited partnership.

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

11. This application will be effective on **Tuesday, April 16, 2024**.

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

I, **Jean Hanka**, consent to sign for **Bridgeview Medical LLC** who serves as the **Registered Agent** on behalf of this Entity.

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