

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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

L902  
1443428.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
4/1/2025 12:00:00 AM  
Fee receipt: \$90

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

**TRUENORTH MEDICAL PHYSICS LLC**

3. The state or country under whose law the entity is organized is **Delaware**.

4. The date of organization is **2/1/2022** and the period of duration is **perpetual**.

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

**1170 Tree Swallow Drive, Suite 372, Winter Springs, FL 32708**

6. The name of the initial registered agent is

**Incorporating Services, Ltd.**

and the street address of the entity's initial registered office in Kentucky is

**828 Lane Allen Road, Suite 219, Lexington, KY 40504**

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

<b>Member</b>	Robert Staton	396 Twelve Oaks Drive, Winter Springs, FL 32708
<b>Member</b>	Matthew Daniels	30716 NE Spud Mountain Road, Camas, WA 98607
<b>Member</b>	Robert Hayward	691 Capshaw Road NW, Madison, AL 35757

8. This entity is managed by **Managers**.

9. This filing will be effective on **Tuesday, April 1, 2025**.

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: Matthew Daniels**

I, **Stacey L. Melnick**, consent to sign for **Incorporating Services, Ltd.** who serves as the Registered Agent on behalf of this entity on

Tuesday, April 1, 2025.

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