

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Fee receipt: \$136.00

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**

**RCA**

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 profit corporation.
2. The name of the entity is: Sunrise Health Care Holding Corp
3. The name of the entity to be used in Kentucky is (if applicable): Sunrise Health Care Holding Corp
4. It is an entity organized and existing under the laws of the state of New York.
5. The date of organization is 5/20/1995 and the period of duration is perpetual

**Principal Office**

3 Winston Ct  
Dix Hills, NY 11746

**Registered Agent Name/Address**

Tom Glover  
212 N. 2nd Street  
Suite 100  
Richmond, KY 40475

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Manal Hassanien on 10/27/2022
7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Tom Glover on 10/27/2022