

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/8/2024 3:53 PM 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 and, for that purpose, submits the follow	 030 the undersigned hereby a ring statements: 	pplies for authority to transac	et business in Kentucky	on behalf of the entity named below
1. The entity is a: profit corporation business true limited partners non-profit lice	st Ilmite ership Itd co	rofit corporation d liability company operative association ssional service corporation	professional li statutory trust public benefit other	
2. The name of the entity is E.P. Louisv	ille, LLC	•		·
3. The name of the entity to be used in	name must be identical to the	name on record with the Se	ecretary of State.)	·····
o. The hame of the entity to be used in	(O	nly provide if "real name" is	unavallable for use; o	otherwise, leave blank.)
4. The state or country under whose law		***************************************		-
5. The date of organization is February	27, 2024	and the period of durat		
6. The mailing address of the entity's pr	rincipal office is		(ii teir niatik, dulatit	on is considered perpetual.)
2812 N. Norwalk, Suite 131 Street Address	A Particular Medical Anna Company Comp	Mesa	AZ	85215
7. The street address of the entity's reg	istered office in Kentucky is	City	State	Zip Code
828 Lane Allen Rd Ste. 219		Lexington	KY	40504
Street Address (No P.O. Box Number	•	City	Sta	te Zip Code
and the name of the registered agent at				*
8. The names and business addresses	of the entity's representatives (s	ecretary, officers and director	s, managers, trustees o	r general partners):
Glen Beattle	2812 N. Norwalk, Suite 131	Mesa	AZ	85215
Name	Street or P.O. Box	City	State	Zip Code
Tina Beattie	2812 N. Norwalk, Suite 131	Mesa		85215
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, and treasurer are licensed in one or mostatement of purposes of the corporation	e states or territories of the Unit	ot less than one half (1/2) of the ed States or District of Columb	he directors, and all of the bia to render a profession	ne officers other than the secretary anal service described in the
10. I certify that, as of the date of filing the	nis application, the above-named	entity validly exists under the	e laws of the jurisdiction	of its formation.
11. If a limited partnership, it elects to be	e a limited liability limited partner	ship. Check the box if applica	able:	
12. If a limited liability company, check	box if manager-managed: 🔽			
13. This application will be effective upo	n filing.			
1 XIMON	1/1/2 I	yndel Anne Vargas, Applican	nt's Attornev 03/0	8/2024
Signature of Authorized Representative		Printed Name & Title	30,0	Date
Capitol Corporate Services, Inc. Type/Print Name of Registered Agent		, consent to serve as the reg	jistered agent on behalf	of the business entity.
Maria Fink	Mary Finl	, A	Asst. Sec.	03/08/2024
Signature of Registered Agent	Printed Nam		Title	Date

Title

Date