

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1412831.09 P101
Michael G. Adams
Secretary of State
Received and Filed
12/3/2024 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
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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 **profit corporation**.
2. The name of the entity is
NEULIFE REHABILITATION OF KENTUCKY, INC.
3. The state or country under whose law the entity is organized is **Delaware**.
4. The date of organization is **9/10/2024** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
189 Adam Shepherd Parkway Suite 17 PMB #280, Shepherdsville, KY 40165
6. The name of the initial registered agent is
Patrick Kelley
and the street address of the entity's initial registered office in Kentucky is
189 Adam Shepherd Parkway Suite 17 PMB #280, Shepherdsville, KY 40165
7. The names and business addresses of the entity's representatives:
Officer Patrick Kelley 189 Adam Shepherd Parkway, Suite 17, PMB #280, Shepherdsville, KY 40165
8. This filing will be effective on **Tuesday, December 3, 2024**.

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 **Chief Executive Officer: Patrick Kelley**

I, **Patrick Kelley**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, December 3, 2024.