

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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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 business entity is a **profit corporation**.
2. The name of the entity is: **NO PLACE LIKE HOME, HOME HEALTH**
3. The name of the entity to be used in Kentucky is (if applicable): **NO PLACE LIKE HOME, HOME HEALTH CORP.**
4. The state or country whose law the entity is organized is **South Dakota**.
5. The date of organization is **6/30/2019** and the period of duration is **perpetual**.

6. Principal Office

1305 Madill St
Keystone, SD 57751

7. Registered Agent/Office

Lisa Gennaro
700 Wales Run Rd
My Washington, KY 40047

I, **Lisa Gennaro**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, November 28, 2023

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