

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
(502) 564-3490
<http://www.sos.ky.gov>

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 **limited liability company**.
2. The name of the entity is: **SOMATUS WHOLE CARE CENTER, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **4/9/2021** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

1861 International Drive, STE 600
McLean, VA 22102

8. Required Representatives

Member	Somatus , Inc.	1861 International Drive, STE 600, McLean, VA 22102
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9. Registered Agent/Office

COGENCY GLOBAL INC.
828 Lane Allen Road, Suite 219
Lexington, KY 40504

I, **Timothy Mayville**, consent to sign for **COGENCY GLOBAL INC.** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, August 22, 2023

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