

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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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 **limited liability company**.

2. The name of the entity is

JACOBSON MEDICAL SERVICES, LLC

3. The state or country under whose law the entity is organized is **Ohio**.

4. The date of organization is **2/9/2021** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

2888 W Lower Springboro Rd, Springboro, OH 45066

6. The street address of the entity's registered office in Kentucky is

828 Lane Allen Rd, Ste 219, Lexington, KY 40504-3659

and the name of the registered agent at that office is **InCorp Services, Inc..**

7. The names and business addresses of the entity's representatives:

Member	Joshua Jacobson	2888 W Lower Springboro Rd	OH	45066
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8. This entity is managed by **Members**.

9. This application will be effective on **Monday, May 20, 2024**.

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

I, **Karen Gibson on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this limited liability company company.