

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
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Certificate of Authority

RCA

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: Jackson Healthcare, LLC
3. The name of the entity to be used in Kentucky is (if applicable): Jackson Healthcare, LLC
4. It is an entity organized and existing under the laws of the state of Georgia.
5. The date of organization is 6/14/2004 and the period of duration is perpetual

Principal Office

2655 Northwinds Pkwy
Alpharetta, GA 30009

Registered Agent Name/Address

Corporation Service Company
421 W Main St
Frankfort, KY 40601

Members/Managers

Member	Jackson Investment Group, LLC	2655 Northwinds Parkway, Alpharetta, GA 30009
Manager	Richard L. Jackson	2655 Northwinds Parkway, Alpharetta, GA 30009

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Tiphonie McAfee on 1/11/2023

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Corporation Service Company on 1/11/2023