Commonwealth of Kentucky Michael G. Adams, Secretary of State

1422139.06 Michael G. Adams Secretary of State Received and Filed 1/15/2025 12:00:00 AM

Fee receipt: \$90

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

L902

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

Turn Key Health Clinicians PLLC

3. The name of the entity to be used in Kentucky is

Turn Key Health Clinicians, LLC

- 4. The state or country under whose law the entity is organized is **Texas**.
- 5. The date of organization is **10/17/2019** and the period of duration is **perpetual**.
- 6. The mailing address of the entity's principal office is

900 Nw 12th St, Oklahoma City, OK 73106

7. The name of the initial registered agent is

InCorp Services, Inc.

and the street address of the entity's initial registered office in Kentucky is

828 Lane Allen Rd Ste 219, Lexington, KY 40504

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

Registered Agent	InCorp Services, Inc.	828 Lane Allen Rd Ste 219, Lexington, KY 40504
Authorized Rep	William Cooper	900 Nw 12th St, Oklahoma City, OK 73106
Manager	William Cooper	900 Nw 12th St, Oklahoma City, OK 73106

- 9. This entity is managed by **Managers**.
- 10. This filing will be effective on Wednesday, January 15, 2025.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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 **Authorized Rep**:

William Cooper

I, **William Cooper**, consent to sign for **InCo** serves as the Registered Agent on behalf of Wednesday, January 15, 2025.

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