Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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 entity is a **limited liability company**.

2. The name of the entity is

VIRTUAL NEUROLOGY, PLLC

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

4. The date of organization is **6/11/2013** and the period of duration is **perpetual**.

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

11215 Metro Parkway Building 3 Suite 1, Fort Myers, FL 33966

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

212 N. 2nd St. STE 100, Richmond, KY 40475

and the name of the registered agent at that office is **Northwest Registered Agent LLC**.

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

Manager	MOHAMMED ZAMAN	11215 Metro Parkway Building 3 Suite 1	FORT MYERS	FL	33966
Organizer	MOHAMMED ZAMAN	11215 Metro Parkway Building 3 Suite 1	FORT MYERS	FL	33966

8. This entity is managed by **Managers**.

9. This application will be effective on **Monday, April 15, 2024**.

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

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.