

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed

2/27/2024 12:00:00 AM

Fee receipt: \$2,564.00

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**

**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: Sage Dental Management LLC
3. The name of the entity to be used in Kentucky is (if applicable): Sage Dental Management LLC
4. It is an entity organized and existing under the laws of the state of Florida.
5. The date of organization is 10/22/2002 and the period of duration is perpetual

**Principal Office**

6600 Congress Avenue  
Suite 150  
Boca Raton, FL 33487

**Registered Agent Name/Address**

CT Corporation  
306 W. Main Street  
Frankfort, KY 40601

**Members/Managers**

Member Tom Marler 6600 Congress Avenue, Suite 150 Boca Raton FL 33487

6. Lori Allison, Support Services, on 2/27/2024

7. I, CT Corporation, consent to serve as the registered agent on behalf of the this entity on 2/27/2024