

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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

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 business entity is a **limited liability company**.
2. The name of the entity is: **EXPRESS MEDICAL SUPPLY LLC**
3. The state or country whose law the entity is organized is **Nebraska**.
4. The date of organization is **12/28/2015** and the period of duration is **perpetual**.
This Filing is Effective on Monday, February 26, 2024
5. This entity is managed by Managers

6. Principal Office

4630 Shepherdsville Rd
Louisville, KY 40218-3441

7. Required Representatives

Manager	John Bulterman	4630	Louisville	KY	40218-34
		Shepherdsville Rd			41
Manager	Matthew Anderson	4630	Louisville	KY	40218-34
		Shepherdsville Rd			41

8. Registered Agent/Office

Registered Agent Solutions, Inc.
828 Lane Allen Road
Suite 219
Lexington, KY 40504

I, **Registered Agent Solutions, Inc.**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, February 26, 2024

As the Authorized Representative, I, **John Bulterman**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Chief Financial Officer**