

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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

DIABETIC EQUIPMENT AND SUPPLIES, LLC

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

4. The date of organization is **8/1/2014** and the period of duration is **perpetual**.

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

3100 SE Grimes Blvd., Grimes, IA 50111

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

828 Lane Allen Road Suite 219, Lexington, KY 40504

and the name of the registered agent at that office is **Cogency Global Inc..**

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

Manager	Todd Dean Carlson	3100 SE Grimes Grimes Blvd	IA	50111
Organizer	Todd Dean Carlson	3100 SE Grimes Grimes Blvd	IA	50111
Member	Marcus Miller	3100 SE Grimes Grimes Blvd.	IA	50111

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

9. This application will be effective on **Wednesday, May 8, 2024**.

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

I, **Sarah Murphy**, consent to sign for **Cogency Global Inc.** who serves as the **Registered Agent** on behalf of this limited liability company company.