

**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  
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**Certificate of Authority**

**FBE**

N101
1393043.09 Michael G. Adams Secretary of State Received and Filed 9/5/2024 12:00:00 AM Fee receipt: \$90

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 **nonprofit corporation**.

2. The name of the entity is

**CENTRAL FLORIDA CARES HEALTH SYSTEM, INC**

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

4. The date of organization is **7/1/2012** and the period of duration is **perpetual**.

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

**707 Mendham Blvd, Suite 201, Orlando, FL 32825**

6. The name of the initial registered agent is

**Northwest Registered Agent LLC**

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

**212 N 2nd Street, STE 100, Richmond, KY 40475**

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

<b>Officer</b>	Maria Bledsoe	707 Mendham Blvd, Suite 201, Orlando, FL 32825
<b>Officer</b>	Daniel Nye	707 Mendham Blvd, Suite 201, Orlando, FL 32825

8. This filing will be effective on **Thursday, September 5, 2024**.

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 **Chief Executive Officer: Maria Bledsoe**

I, **Maria Bledsoe**, consent to sign for **Northwest Registered Agent LLC** who serves as the Registered Agent on behalf of this entity on Thursday, September 5, 2024.