

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
LER HEALTHCARE, LLC
3. The state or country under whose law the entity is organized is **Indiana**.
4. The date of organization is **4/3/2025** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
305 Franklin Street, Columbus, IN 47201
6. The name of the initial registered agent is
Corporation Service Company
and the street address of the entity's initial registered office in Kentucky is
421 West Main Street, Frankfort, KY 40601
7. The names and business addresses of the entity's representatives:
Member Janene Cox-Stotts 305 Franklin Street, Columbus, IN 47201
8. This entity is managed by **Members**.
9. This filing will be effective on **Thursday, April 10, 2025**.

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 **General Counsel:**
Susan Allison

I, **Corporation Service Company /s/ Steph Albertini**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Thursday, April 10, 2025.