anization ID # 0989244 te of origin KY ng fee \$115 Mic	Commonwealth of Kentucky hael G. Adams, Secretary of S	0989244 Michael G. KY Secreta Received ar	ry of State
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the year 2024	Fee recei	24 6:15:43 AM ipt: \$115.00 RST
Exact limited liability compar PERFECT HEALTH L.I 333 W VINE ST STE 40 LEXINGTON KY 40507 Registered Agent and Register OMER HAMAD 900 CALYPSO BREEZE LEXINGTON, KY 40515	E DR	gent name/office n this form. When nodify the address	ce address and registered address cannot be change en reinstating, you cannot ses until the reinstatement i istatement is filed, the ge will be filed.
Members - List the name And addree Member-managed LLCs are not required to li OMER MOHAMED HAMAD	ess of the limited liability company's members. If not specified, address st their members. 900 CALYPSO BREEZE DR	es default to the l	LLC's principal office addre
County: Business size: Business type:	Fayette Small Engineering, Accounting, Research, Manag	ement & Re	elated Services

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. The undersigned states that the grounds For dissolution either did Not exist Or have been eliminated, And the entity's name satisfies the requirements of KRS 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Perfect Health L.L.C. to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: OMER HAMAD Title: owner 12/3/2024



Perfect Health L.L.C. 333 W Vine St Ste 400 Lexington KY, 40507

Notice Date:	December 3, 2024
KY SoS Org. ID:	0989244

RE:	Letter of Good Standing Request - Approved
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.
OUR DETERMINATION	 We verified the following information. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. This notice will remain current for 30 days from the notice date above.
WHAT YOU NEED TO DO	 If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/ charity/Pages/registration.aspx.
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: James REVE277, Taxpayer Services Specialist III Email: James.Sutherland@ky.gov Direct: 502-564-7359