

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY 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 business entity is a **profit corporation**.
2. The name of the entity is: **ALL MEDICAL PERSONNEL, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **2/27/1990** and the period of duration is **perpetual**.

7. Principal Office

212 N. 2nd St. STE 100
Richmond, KY 40475

8. Registered Agent/Office

Northwest Registered Agent LLC
212 N. 2nd St. STE 100
Richmond, KY 40475

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, June 14, 2023

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