

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  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

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 **limited liability company**.
2. The name of the entity is: **MEDICAL HOUSECALLS, LLC**
3. The state or country whose law the entity is organized is **Ohio**.
4. The date of organization is **1/17/2024** and the period of duration is **perpetual**.  
This Filing is Effective on Wednesday, January 17, 2024
5. This entity is managed by Members

**6. Principal Office**

4850 Smith Road, Suite 250  
Cincinnati, OH 45212

**7. Required Representatives**

<b>Member</b>	Scott Collins	4850 Smith Road, Cincinnati Suite 250	OH	45212
<b>Member</b>	Chad Smith	4850 Smith Road, Cincinnati Suite 250	OH	45212
<b>Member</b>	Gregory Scott Nix	4850 Smith Road, Cincinnati Suite 250	OH	45212

**8. Registered Agent/Office**

KMK Service Corp.  
2335 Buttermilk Crossing, Suite 303  
Crescent Springs, KY 41017

I, **F. Mark Reuter**, consent to sign for **KMK Service Corp.** who serves as the **Registered Agent** on behalf of this Entity.

on Wednesday, January 17, 2024

As the Authorized Representative, I, **Gregory Scott Nix**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**