

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

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Michael G. Adams
Secretary of State
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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 **profit corporation**.

2. The name of the entity is

SUPREME HEALTH OPTIONS INC

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

4. The date of organization is **1/5/2023** and the period of duration is **perpetual**.

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

700W Hillsboro Blvd. Bld. 2 Ste. 106, Deerfield Beach, FL 33441

6. The street address of the entity's registered office in Kentucky is

101 North Seventh Street, Louisville, KY 40202

and the name of the registered agent at that office is **Corporate Creations Network Inc..**

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

Secretary	Matthew Schechter	700W Hillsboro Deerfield Beach Blvd., Bld. 2 Ste. 106	FL	33441
Director	Matthew Schechter	700W Hillsboro Deerfield Beach Blvd., Bld. 2 Ste. 106	FL	33441
Officer	Matthew Schechter	700W Hillsboro Deerfield Beach Blvd., Bld. 2 Ste. 106	FL	33441

8. This application will be effective on **Tuesday, April 23, 2024**.

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

I, **Marja Souza, Special Secretary**, consent to sign for **Corporate Creations Network Inc.** who serves as the **Registered Agent** on behalf of this profit corporation company.