



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1212652.06**

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ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
6/3/2022 1:16 PM  
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**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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 ☐ nonprofit corporation ☐ professional limited liability company  
☐ business trust ☒ limited liability company ☐ statutory trust  
☐ limited partnership ☐ ltd cooperative association ☐ other  
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is ARETE NURSE PROFESSIONALS, LLC  
**(The name must be identical to the name on record with the Secretary of State.)**

3. The name of the entity to be used in Kentucky is (if applicable): ARETE NURSE PROFESSIONALS, LLC  
**(Only provide if "real name" is unavailable for use; otherwise, leave blank.)**

4. The state or country under whose law the entity is organized is Georgia

5. The date of organization is 12/14/2017 and the period of duration is Perpetual  
**(If left blank, duration is considered perpetual.)**

6. The mailing address of the entity's principal office is  
1211 State Road 436, Suite 227 Casselberry FL 32707  
**Street Address City State Zip Code**

7. The street address of the entity's registered office in Kentucky is  
828 Lane Allen Road, Suite 219 Lexington KY 40504  
**Street Address (No P.O. Box Numbers) City State Zip Code**

and the name of the registered agent at that office is Registered Agent Solutions, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Scott L'Heureux	1211 State Road 436, Ste 227	Casselberry	FL	32707
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Leslie Kurtz	2655 Northwinds Parkway	Alpharetta	GA	30009
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Jay Mitchell	2655 Northwinds Parkway, A	Alpharetta	GA	30009
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Marisa L. Zaharoff, President 5/31/22  
**Signature of Authorized Representative Printed Name & Title Date**

I, Registered Agent Solutions, Inc., consent to serve as the registered agent on behalf of the business entity.  
**Type/Print Name of Registered Agent**

Adam Saldana Asst. Secretary 06/02/2022  
**Signature of Registered Agent Printed Name Title Date**