

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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<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 entity is a **limited liability company**.
2. The name of the entity is  
**CM3 CARE, LLC**
3. The state or country under whose law the entity is organized is **Florida**.
4. The date of organization is **9/23/2024** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**212 N. 2nd St. STE 100, Richmond, KY 40475**
6. The name of the initial registered agent is  
**Registered Agents Inc**  
and the street address of the entity's initial registered office in Kentucky is  
**212 N. 2nd St. STE 100, Richmond, KY 40475**
7. The names and business addresses of the entity's representatives:  
**Member** Michael Mascardo 212 N. 2nd St. STE 100, Richmond, KY 40475
8. This entity is managed by **Members**.
9. This filing will be effective on **Thursday, October 24, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Signer:**  
**Robin Jones**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Thursday, October 24, 2024.