

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1375253.06
Michael G. Adams
Secretary of State
Received and Filed
6/28/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

ACT NEMT LLC

3. The name of the entity to be used in Kentucky is

ACT NEMT LLC

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

5. The date of organization is **8/15/2015** and the period of duration is **perpetual**.

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

Po Box 564, Higgins Lake, MI 48627

7. The name of the initial registered agent is

Michael Keeney

and the street address of the entity's initial registered office in Kentucky is

7000 Houston Rd Ste 17, Florence, KY 41042

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

Registered Agent	Michael J Keeney	7000 Houston Rd Ste 17, Florence, KY 41042
Authorized Rep	Christopher Michels	105 N. 5th St, Roscommon, MI 48653

9. This entity is managed by **Members**.

10. This application will be effective on **Friday, June 28, 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 Rep:**
Christopher Michels

I, **Michael J Keeney**, consent to sign for **Michael Keeney** who

serves as the Registered Agent on behalf of
June 28, 2024.

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