

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1357354.06
Michael G. Adams
Secretary of State
Received and Filed
4/15/2024 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
LJM TELEMEDICINE, LLC
 3. The state or country under whose law the entity is organized is **Delaware**.
 4. The date of organization is **10/30/2023** 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 street address of the entity's registered office in Kentucky is
212 N. 2nd St. STE 100, Richmond, KY 40475
- and the name of the registered agent at that office is **Northwest Registered Agent LLC**.
7. This entity is managed by **Members**.
 8. This application will be effective on **Monday, April 15, 2024**.

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

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.