

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

2. The name of the entity is

NORTHEASTERN HEALTH GROUP INC

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

4. The date of organization is **4/10/2023** and the period of duration is **perpetual**.

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

700 W Hillsboro Blvd Bld. 4 Ste. 204, 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:

Director	Michael Valvano	700 W Hillsboro Deerfield Beach Blvd, Bld. 4 Ste. 204	FL	33441
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8. This application will be effective on **Thursday, April 25, 2024**.

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

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