

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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3/31/2023 2:53:06 PM

Fee receipt: \$90.00

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 business entity is a **limited liability company**.
2. The name of the entity is: **OWENSBORO KY CAREGIVING LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Texas**.
5. The date of organization is **10/28/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

2612 WASHINGTON AVENUE, SUITE 1  
WACO, TX 76710

**8. Required Representatives**

Manager	MICHAEL T. HILLMAN	217 S. 28TH STREET	WACO	TX	76710
Manager	RYAN GIBSON	217 S. 28TH STREET	WACO	TX	76710

**9. Registered Agent/Office**

CORPORATION SERVICE COMPANY  
421 WEST MAIN STREET  
FRANKFORT, KY 40601

I, **TAYLOR JONES, ASSISTANT SECRETARY**, consent to sign for **CORPORATION SERVICE COMPANY** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, March 31, 2023

As the Authorized Representative, I, **MICHAEL T. HILLMAN**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **MANAGER**