

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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: **MEDICAL EVALUATORS OF TEXAS ASO, LLC**
3. The state or country whose law the entity is organized is **Texas**.
4. The date of organization is **4/6/2006** and the period of duration is **perpetual**.
This Filing is Effective on Thursday, February 1, 2024
5. This entity is managed by Managers

6. Principal Office

2211 W 34th St
Houston, TX 77018

7. Required Representatives

Manager	Mario Ruiz	2211 W 34th St	Houston	TX	77018
Manager	Stacy Jones	2211 W 34th St	Houston	TX	77018

8. Registered Agent/Office

InCorp Services
828 Lane Allen Road, Ste 219
Lexington, KY 40504

I, **InCorp Services Inc**, consent to sign for **InCorp Services** who serves as the **Registered Agent** on behalf of this Entity.

on Thursday, February 1, 2024

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