

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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4/25/2023 5:39:45 PM

Fee receipt: \$90.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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<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: **COMFORTABLY NUMB ANESTHESIA SERVICES 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 **Florida**.
5. The date of organization is **1/8/2021** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

3947 BEACH DR. SE
SAINT PETERSBURG,, FL 33705

8. Required Representatives

Member	PATRICK DANDANEAU 613 Cherry Trace Richmond Drive	KY	40475
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9. Registered Agent/Office

PATRICK DANDANEAU
613 Cherry Trace Drive
Richmond, KY 40475

I, **PATRICK DANDANEAU**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, April 25, 2023

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