

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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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: **POST ACUTE LEARNING SOLUTIONS, LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **3/25/2024** and the period of duration is **perpetual**.  
This Filing is Effective on Thursday, March 28, 2024
5. This entity is managed by Managers

**6. Principal Office**

12201 BLUEGRASS PARKWAY  
LOUISVILLE, KY 40299

**7. Required Representatives**

<b>Manager</b>	Mark Bush	12201 BLUEGRASS PARKWAY	LOUISVILLE	KY	40299
<b>Manager</b>	Nick Porter	12201 BLUEGRASS PARKWAY	LOUISVILLE	KY	40299

**8. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Christa Day, Assistant Secretary**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, March 28, 2024

As the Authorized Representative, I, **Maria C. Doyle**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **General Counsel**