

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed

10/24/2022 12:00:00 AM

Fee receipt: \$130.00

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**

**RCA**

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 nonprofit corporation.
2. The name of the entity is: HEALTHCARE COST CONTAINMENT UNITED ASSOCIATION, INC.
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Florida.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

**Principal Office**

9010 SW 137TH AVE  
SUITE 213  
MIAMI, FL 33186

**Registered Agent Name/Address**

CORPORATION SERVICE COMPANY  
421 WEST MAIN STREET  
FRANKFORT, KY 40601

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Carlos Garcia on 10/24/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. CORPORATION SERVICE COMPANY on 10/24/2022