

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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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: **LAKE BEHAVIORAL HEALTH MANAGEMENT LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **LAKE BHM LLC**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **4/5/2017** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

225 Wet Canton Ave Suite 600
Winter Park, FL 32789

8. Required Representatives

Manager	David Corddry	225 West Canton Ave Suite 600	Winter Park	FL	32789
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9. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504-3659

I, **Kathy Shin on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, March 30, 2023

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