

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: **SKYBRIDGE HEALTHCARE 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 **8/29/2018** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

1715 N Westshore Blvd
Suite 175
Tampa, FL 33607

8. Required Representatives

Manager	Kelly Honan	1715 N Westshore Tampa Blvd, Suite 175, Suite 175	FL	33607
Manager	Garrett Norman	1715 N Westshore Tampa Blvd, Suite 175, Suite 175	FL	33607
Manager	Randall Bahlow	1715 N Westshore Tampa Blvd, Suite 175, Suite 175	FL	33607

9. Registered Agent/Office

Registered Agents Inc
212 N 2nd Street
Ste 100
Richmond, KY 40475

I, **Registered Agents Inc**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, May 4, 2023

As the Authorized Representative, I, **Kelly Honan**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Onboarding & Compliance Manager**