

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1293364 1293364

Michael G. Adams
KY Secretary of State
Received and Filed

7/10/2023 2:51:22 PM

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: **ADVANCE HEALTH FINANCIAL 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 **Delaware**.
5. The date of organization is **1/9/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

1876 Wedgefield Ct
Caledonia, MI 49316

8. Required Representatives

Member	Aaron Murphy	1876 Wedgefield Ct	Caledonia	MI	49316
Member	Howard Loebmann	1876 Wedgefield Ct	Caledonia	MI	49316

9. Registered Agent/Office

Registered Agent Solutions, Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504

I, **Jeffrey Lemire**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, July 10, 2023

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