

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed

10/26/2022 12:00:00 AM

Fee receipt: \$134.00

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 limited liability company.
2. The name of the entity is: Reox Medical Services LLC
3. The name of the entity to be used in Kentucky is (if applicable): Reox Medical Services LLC
4. It is an entity organized and existing under the laws of the state of Colorado.
5. The date of organization is 2/19/2009 and the period of duration is perpetual

**Principal Office**

10106 Bluegrass Pkwy  
Jeffersontown, KY 40299

**Registered Agent Name/Address**

Kentucky Registered Agents, Inc  
212 N Second Street  
Suite 100  
Richmond, KY 40475

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. Nancy Shaw on 10/26/2022
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. Kentucky Registered Agents, Inc on 10/26/2022