

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: **PHYSICIANS EXCLUSIVE LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Illinois**.
5. The date of organization is **6/9/2020** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

1332 Waukegan Rd  
Glenview, IL 60025

**8. Required Representatives**

<b>Manager</b>	Kiran Krishnan	1332 Waukegan Rd	Glenview	IL	60025
<b>Manager</b>	Thomas Bayne	1332 Waukegan Road	Glenview	IL	60025

**9. Registered Agent/Office**

CT Corporation System  
306 W Main Street  
Frankfort, KY 40601

I, **Thomas Bayne**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, January 23, 2023

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