

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

11/30/2023 12:00:00 AM

Fee receipt: \$204.00

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: DIVERSIFIED NURSE CONSULTANTS, LLC
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Indiana.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

7425 Frank Ott Rd
Georgetown, IN 47122

Registered Agent Name/Address

BARBARA WHEATLEY
11329 TOP WALNUT LOOP
LOUISVILLE, KY 40229

Members/Managers

Manager VIRGINIA JONES 7425 Frank Ott Rd Georgetown, IN 47122

6. ASHLEY JONES, BUSINESS MANAGER, on 11/30/2023

7. I, BARBARA WHEATLEY, consent to serve as the registered agent on behalf of the this entity on 11/30/2023