

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

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1385976.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
8/12/2024 12:00:00 AM  
Fee receipt: \$90

Michael G. Adams  
Secretary of State  
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<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 entity is a **limited liability company**.

2. The name of the entity is

**CONTINUOUS CARE, LLC**

3. The state or country under whose law the entity is organized is **Georgia**.

4. The date of organization is **1/23/2024** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**2655 Northwinds Pkwy, Alpharetta, GA 30009**

6. The name of the initial registered agent is

**Corporation Service Company**

and the street address of the entity's initial registered office in Kentucky is

**421 West Main Street, Frankfort, KY 40601**

7. The names and business addresses of the entity's representatives:

**Member** Richard L. Jackson 2655 Northwinds Pkwy, Alpharetta, GA 30009

8. This entity is managed by **Members**.

9. This filing will be effective on **Monday, August 12, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Person:**  
**Lisa Gross**

I, **Linda J. Snook**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Monday, August 12, 2024.