

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 **profit corporation**.
2. The name of the entity is: **HOME MEDICAL PRODUCTS, INC.**
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 **Tennessee**.
5. The date of organization is **8/4/2004** and the period of duration is **perpetual**.

7. Principal Office

232 STATE ST
Jackson, TN 38301

8. Required Representatives

Officer	Casey Hoyt	625 E. Kaliste Saloom Road	Lafayette	LA	70508
Officer	Brett Stoute	625 E. Kaliste Saloom Road	Lafayette	LA	70508
Director	Brett Stoute	625 E. Kaliste Saloom Road	Lafayette	LA	70508
Officer	Mike Moore	625 E. Kaliste Saloom Road	Lafayette	LA	70508
Secretary	Patrick Eagan	625 E. Kaliste Saloom Road	Lafayette	LA	70508
Officer	Trae Fitzgerald	625 E. Kaliste Saloom Road	Lafayette	LA	70508

9. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504-3659

I, **Karen Gibson on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, June 23, 2023

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