

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1394477.06
Michael G. Adams
Secretary of State
Received and Filed
9/11/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

Turn Key Health Clinics LLC

3. The name of the entity to be used in Kentucky is

Turn Key Health Clinics LLC

4. The state or country under whose law the entity is organized is **Oklahoma**.

5. The date of organization is **6/2/2014** and the period of duration is **perpetual**.

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

900 Nw 12th St, Oklahoma City, OK 73106

7. The name of the initial registered agent is

InCorp Services, Inc.

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

828 Lane Allen Rd Ste 219, Lexington, KY 40504

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

Registered Agent	InCorp Services, Inc.	828 Lane Allen Rd Ste 219, Lexington, KY 40504
Manager	Flint Junod	900 Nw 12th St, Oklahoma City, OK 73106
Authorized Rep	Meridith Warren	900 Nw 12th St, Oklahoma City, OK 73106

9. This entity is managed by **Managers**.

10. This filing will be effective on **Wednesday, September 11, 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 Rep:**
Meridith Warren

I, **Flint Junod**, consent to sign for **InCorp S**
serves as the Registered Agent on behalf of
Wednesday, September 11, 2024.

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