



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
5/12/2023 12:18 PM
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 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:
- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> other |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | |

2. The name of the entity is MEDUS, INC.

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 11/18/2013

and the period of duration is

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
4555 LAKE FOREST DR., STE 540

BLUE ASH

OH

45242

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is
306 West Main Street, Suite 512

Frankfort

KY

40601

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is URS AGENTS, LLC

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

CHARLES RILEY President	5544 BELLE REEVE CT	LIBERTY TOWNSHIP	OH	45011
Name	Street or P.O. Box	City	State	Zip Code
ERIC GOEDDE Treasurer	9479 FARMCOURT LN	LOVELAND	OH	45140
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Signature of Authorized Representative

Printed Name & Title

Date

I, LAUREN JOHNSON, ASST SECRETARY, ON BEHALF OF URS AGENTS, LLC, consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

Signature of Registered Agent

LAUREN JOHNSON
Printed Name

ASST SECRETARY
Title

05/12/2023
Date