

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
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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 business entity is a **limited liability company**.
2. The name of the entity is: **COMPASSION MANAGEMENT GROUP LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **12/10/2021** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

140 Adams Lane Suite 300
Pikeville, KY 41501

8. Required Representatives

Member	Lesley Kyle Bow	214 Walnut Drive	Pikeville	KY	41501
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9. Registered Agent/Office

Lesley Kyle Bow
214 Walnut Drive
Pikeville, KY 41501

I, **Lesley Kyle Bow**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, November 8, 2022

As the Authorized Representative, I, **Lesley Kyle Bow**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **MD**