

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
(502) 564-3490
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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

LW CARE LLC

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

4. The date of organization is **5/4/2023** and the period of duration is **perpetual**.

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

2550 W. Union Hills Drive Suite 350, Phoenix, AZ 85027

6. The name of the initial registered agent is

Registered Agent Solutions, Inc.

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

828 Lane Allen Road Suite 210, Lexington, KY 40504

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

Manager	Walter White	2550 W. Union Hills Drive, Suite 350, Phoenix, AZ 85027
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Organizer	Walter White	2550 W. Union Hills Drive, Suite 350, Phoenix, AZ 85027
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Friday, September 13, 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 **Manager: Walter White**

I, **Brittany Hansen**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the Registered Agent on behalf of this entity on Friday, September 13, 2024.