

**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
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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
MEDICUS HEALTHCARE SOLUTIONS, LLC
3. The state or country under whose law the entity is organized is **New Hampshire**.
4. The date of organization is **1/2/2004** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is

22 Roulston Rd, Windham, NH 03087

6. 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 40504-3659

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

Manager	Steven Armstrong	22 Roulston Rd, Windham, NH 03087
Organizer	Steven Armstrong	22 Roulston Rd, Windham, NH 03087

8. This entity is managed by **Managers**.
9. This filing will be effective on **Monday, April 21, 2025**.

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 **CFO: Steven Armstrong**

I, **Courtney Wehrman 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 Monday, April 21, 2025.