

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
(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 business entity is a **limited liability company**.
2. The name of the entity is: **TRIQUETRA HEALTH LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **9/30/2013** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

1019 Jameson Rd
Lithia, FL 33547

8. Required Representatives

Manager	Sean Gill	1019 Jameson Rd Lithia	FL	33547
Member	Sylvia Ferentzy	1544 Daylily Drive Trinity	FL	34655

9. Registered Agent/Office

Registered Agents Inc
212 N. 2nd St., Ste 100
Richmond, KY 40475

I, **40475**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, August 17, 2023

As the Authorized Representative, I, **Sylvia Ferentzy**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **VP Operations**