

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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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

PROVIDER'S CHOICE, LLC

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

4. The date of organization is **4/23/2024** and the period of duration is **perpetual**.

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

13900 Riverport Drive, Maryland Heights, MO 63043

6. The name of the initial registered agent is

C T Corporation System

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

306 West Main Street, Suite 512, Frankfort, KY 40601

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

Member	Gail Halterman	13900 Riverport Drive, Maryland Heights, MO 63043
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8. This entity is managed by **Members**.

9. This application will be effective on **Tuesday, May 28, 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 **Secretary: Gail Halterman**

I, **Susan Johnson**, consent to sign for **C T Corporation System** who serves as the Registered Agent on behalf of this entity on Tuesday, May 28, 2024.