

**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  
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 entity is a **limited liability company**.

2. The name of the entity is

**LIFELINES NEURO COMPANY, LLC**

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

4. The date of organization is **10/20/2020** and the period of duration is **perpetual**.

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

**909 E. Market St Ste 500, Louisville, KY 40206**

6. The name of the initial registered agent is

**Kelsey Dauderman**

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

**909 E Market ST Ste 500, Louisville, KY 40206**

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

<b>Manager</b>	Miguel Iribarren	13240 Evening Cr Dr #316, San Diego, CA 92128
<b>Organizer</b>	Miguel Iribarren	13240 Evening Cr Dr #316, San Diego, CA 92128

8. This entity is managed by **Managers**.

9. This filing will be effective on **Friday, March 28, 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 **Manager: Miguel Iribarren**

I, **Kelsey Dauderman**, consent to serve as the Registered Agent on behalf of this entity on Friday, March 28, 2025.