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ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
7/1/2024 2:38 PM
Fee Receipt: \$90.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority

(Foreign Business Entity)

1. The entity is a:	<input checked="" type="checkbox"/>	profit corporation	nonprofit corporation	professional limited liability company
	<input type="checkbox"/>	business trust	limited liability company	statutory trust
	<input type="checkbox"/>	limited partnership	ltd cooperative association	public benefit corporation
	<input type="checkbox"/>	non-profit llc	professional service corporation	other

2. The name of the entity is IH CARE PLUS INC.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is DELAWARE.

5. The date of organization is 05/23/2024 and the period of duration is PERPETUAL.
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is			
510 E WILSON BRIDGE RD STE E	WORTHINGTON	OH	43085
Street Address	City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is			
306 W. Main Street, Suite 512	Frankfort	KY	40601
Street Address (No P.O. Box Numbers)	City	State	Zip Code

and the name of the registered agent at that office is CT Corporation System.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

GARY SCHAFER	510 E Wilson Bridge Rd. Ste E	Worthington	OH	43085
Name	Street or P.O. Box	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Street or P.O. Box	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

Gary Schafer

Gary Schafer, CEO

06 / 25 / 2024

Signature of Authorized Representative

Printed Name & Title

Date _____

I, CT Corporation System, consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

By: **CT Corporation System**
Ternell Kearney
Date: 2024 06 28 14:00

Ternell Kearney

Assistant Secretary

06 / 25 / 2024

Signature of Registered Agent

Printed Name

Title

Date _____

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IH CARE PLUS INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.



3753656 8300

SR# 20242940328

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203761453

Date: 06-20-24