

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
(502) 564-3490
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Certificate of Authority

FBE

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1371691.06
Michael G. Adams
Secretary of State
Received and Filed
6/13/2024 12:00:00 AM
Fee receipt: \$90

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

AVAMERE SKILLED ADVISORS, LLC

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

4. The date of organization is **11/8/2004** and the period of duration is **perpetual**.

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

25115 SW PARKWAY AVE SUITE B, WILSONVILLE, OR 97070

6. The name of the initial registered agent is

NATIONAL REGISTERED AGENTS, INC.

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

306 W. Main Street Suite 512, FRANKFORT, KY 40601

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

Manager	RICK DILLON	25115 SW PARKWAY AVE SUITE B, WILSONVILLE, OR 97070
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Organizer	RICK DILLON	25115 SW PARKWAY AVE SUITE B, WILSONVILLE, OR 97070
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8. This entity is managed by **Managers**.

9. This application will be effective on **Thursday, June 13, 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 **MANAGER: RICK MILLER**

I, **CORINNE GAMES**, consent to sign for **NATIONAL REGISTERED AGENTS, INC.** who serves as the Registered

Agent on behalf of this entity on Thursday, Ju

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