

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

10/28/2023 10:04:41 PM

Fee receipt: \$90.00

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: **ENT SURGERY SOLUTIONS, LLC**
3. The state or country whose law the entity is organized is **Indiana**.
4. The date of organization is **8/20/2013** and the period of duration is **perpetual**.
5. This entity is managed by Members

**6. Principal Office**

8310 Pelican Pointe Dr.  
Evansville, IN 47725

**7. Required Representatives**

Member	Allison Royer	8310 Pelican Pointe Dr.	Evansville	IN	47725
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**8. Registered Agent/Office**

James E. Gentry  
5111 US Hwy 41A North  
Dixon, KY 42409

I, **James E. Gentry**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Saturday, October 28, 2023

As the Authorized Representative, I, **James E. Gentry, Jr.**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Registered Agent**