

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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1429694.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
2/13/2025 12:00:00 AM  
Fee receipt: \$90

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  
**INFUCARE PARENT, LLC**
3. The state or country under whose law the entity is organized is **Delaware**.
4. The date of organization is **11/3/2021** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**PO Box 2578, Secaucus, NJ 07096**
6. The name of the initial registered agent is  
**Corporation Service Company**  
and the street address of the entity's initial registered office in Kentucky is  
**421 West Main Street, Frankfort, KY 40601**
7. The names and business addresses of the entity's representatives:  

<b>Manager</b>	Dhara Patel	PO Box 2578, Secaucus, NJ 07096
<b>Organizer</b>	Dhara Patel	PO Box 2578, Secaucus, NJ 07096

8. This entity is managed by **Managers**.
9. This filing will be effective on **Thursday, February 13, 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 **Secretary: Dhara Patel**

I, **Eric T. Moore, Assistant Secretary**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Thursday, February 13, 2025.