



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
4/18/2024 11:14 AM  
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)

FBE

Pursuant to the provisions of KRS 14A – 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:
- |                          |                     |                                     |                                  |                          |  |
|--------------------------|---------------------|-------------------------------------|----------------------------------|--------------------------|--|
| <input type="checkbox"/> | profit corporation  | <input type="checkbox"/>            | nonprofit corporation            | <input type="checkbox"/> | professional limited liability company |
| <input type="checkbox"/> | business trust      | <input type="checkbox"/>            | limited liability company        | <input type="checkbox"/> | statutory trust                        |
| <input type="checkbox"/> | limited partnership | <input type="checkbox"/>            | ltd cooperative association      | <input type="checkbox"/> | other                                  |
| <input type="checkbox"/> | non-profit llc      | <input checked="" type="checkbox"/> | professional service corporation |                          |  |

2. The name of the entity is Cylinder Medical Group, P.A.  
(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): Cylinder Medical Group, PSC  
(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 Florida

5. The date of organization is 04/05/2024 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
2045 W Grand Ave Ste B Chicago IL 60612  
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
828 Lane Allen Road, Suite 219 Lexington KY 40504  
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is COGENCY GLOBAL INC.

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

<u>Jonathan Larson</u>	<u>2045 W Grand Ave Ste B</u>	<u>Chicago</u>	<u>IL</u>	<u>60612</u>
Name	Street or P.O. Box	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Name	Street or P.O. Box	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
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.

DocuSigned by:  
Jonathan Larson

<u>Jonathan Larson, President</u>	<u>04/15/2024</u>
Signature of Authorized Representative	Date

I, COGENCY GLOBAL INC., consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

<u>David Feins</u>	<u>Assistant Secretary</u>	<u>4/18/24</u>
Signature of Registered Agent	Printed Name	Title Date

# *State of Florida*

## *Department of State*

I certify from the records of this office that CYLINDER MEDICAL GROUP, P.A. is a corporation organized under the laws of the State of Florida, filed on April 5, 2024.

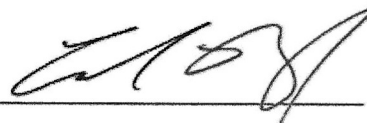
The document number of this corporation is P24000024200.

I further certify that said corporation has paid all fees due this office through December 31, 2024 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fifteenth day of April, 2024*



  
Secretary of State

Tracking Number: 0893788681CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>