



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes
Kentucky Secretary of State
 Received and Filed:
 8/13/2015 1:50 PM
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Division of Business Filings
Business Filings
 PO 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 and KRS 271B, 273, 274, 275, 362 and 386 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 : ☐ profit corporation (KRS 271B). ☐ nonprofit corporation (KRS 273). ☐ professional service corporation (KRS 274).
☐ business trust (KRS 386). ☒ limited liability company (KRS 275). ☐ professional limited liability company (KRS 275).
☐ limited partnership (KRS 362).

2. The name of the entity is Medella Healthcare, LLC
 (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 Florida

5. The date of organization is 07/27/2015 and the period of duration is _____
 (If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
2665 South Bayshore Drive, Suite 220-25 Coconut Grove FL 33133
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
212 N. 2nd Street, STE 100 Richmond KY 40475
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is NORTHWEST REGISTERED AGENT LLC

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

<u>Gina Jones</u>	<u>2665 South Bayshore Drive, Suite 220-25</u>	<u>Coconut Grove</u>	<u>FL</u>	<u>33133</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. This application will be effective upon filing, unless a delayed effective date and/or time is provided.
 The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
 (Delayed effective date and/or time)

[Signature] Gina Jones, Manager 08/12/15
 Signature of Authorized Representative Printed Name & Title Date

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

[Signature] Tom Glover Manager 08/12/15
 Signature of Registered Agent Printed Name Title Date
 (01/12)

State of Florida

Department of State

I certify from the records of this office that MEDELLA HEALTHCARE, LLC is a limited liability company organized under the laws of the State of Florida, filed on July 27, 2015, effective August 1, 2015.

The document number of this limited liability company is L15000128051.

I further certify that said limited liability company has paid all fees due this office through December 31, 2015 and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fourth day of August, 2015*



Ken Detzner
Secretary of State

Tracking Number: CU5877155018

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

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