

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State

Received and Filed

6/15/2023 12:00:00 AM

Fee receipt: \$1,298.00

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**

**RCA**

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 profit corporation.
2. The name of the entity is: Echo Healthcare Inc.
3. The name of the entity to be used in Kentucky is (if applicable): Echo Healthcare Inc.
4. It is an entity organized and existing under the laws of the state of Delaware.
5. The date of organization is 7/1/2018 and the period of duration is perpetual

**Principal Office**

212 N 2nd St., STE 100  
Richmond, KY 40475

**Registered Agent Name/Address**

Registered Agents Inc  
212 N. 2nd St. STE 100  
Richmond, KY 40475

**Current Officers**

President	Kevin King	212 N. 2nd St. STE 100 Richmond KY 40475
Secretary	Kevin King	212 N. 2nd St. STE 100 Richmond KY 40475
Vice President	Kevin King	212 N. 2nd St. STE 100 Richmond KY 40475
Treasurer	Kevin King	212 N. 2nd St. STE 100 Richmond KY 40475

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Kevin King on 6/15/2023

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Registered Agents Inc on 6/15/2023