

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/5/2022 2:29 PM 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)

business trust	www.sos.ky.gov				
1. The entity is a:			eby applies for authority to transa	ct business in Kentucky on b	pehalf of the entity named belo
business trust Imitted liability company Ital cooperative association other					
Inimited partnership			' '	professional limited liability company	
2. The name of the entity is pOVER MANOR OPERATIONS, LLC 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 Delewane 5. The date of organization is 2012/2022	business t				
2. The name of the entity is DOVER MANOR OPERATIONS, 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 Delaware 5. The date of organization is \$2112022	limited pa	· —	· ·	other	
(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): Conly provide if "real name" is unavailable for use; otherwise, leave blank.) 4. The state or country under whose law the entity is organized is Conly provide if "real name" is unavailable for use; otherwise, leave blank.) 5. The date of organization is 921/2022 and the period of duration is (if left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is Richmond KY 40475 Street Address City State Zip Code 7. The street address of the entity's registered office in Kentucky is 281 Lane Allien Road, Suite 219 Lexington KY 40504 Street Address (No P.O. Box Numbers) City State Zip Code 3. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): BENIAMIN LANDA 300 Provider Count Richmond KY 40475 Name Street or P.O. Box City State Zip Code BELI GRINSPAN 300 Provider Count Richmond KY 40475 Name Street or P.O. Box City State Zip Code MAYER PISCHL 300 Provider Count Richmond KY 40475 Name Street or P.O. Box City State Zip Code MAYER PISCHL 300 Provider Count Richmond KY 40475 Name Street or P.O. Box City State Zip Code MAYER PISCHL 300 Provider Count Richmond KY 40475 Name Street or P.O. Box City State Zip Code MAYER PISCHL 300 Provider Count Richmond KY 40475 Name Street or P.O. Box City State Zip Code MAYER PISCHL 300 Provider Count Richmond KY 40475 Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box	non-profit	Ilc L F	professional service corporation		
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BENJAMIN LANDA 300 Provider Court Richmond KY 40475 Rame Street or P.O. Box City Richmond KY 40475 Rame Street or P.O. Box City State Zip Code AVER FISCHL 300 Provider Court Richmond KY 40475 Richmo	and the name of the registered agent	at that office isCogericy	Giodai Iric.		
Name Street or P.O. Box 300 Provider Court Richmond KY 40475 Name Street or P.O. Box City State Zip Code MAYER FISCHL 300 Provider Court Richmond KY 40475 Name Street or P.O. Box City State Zip Code MAYER FISCHL 300 Provider Court Richmond KY 40475 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 secret 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. DIANA JOHNSON 11/30/2022 Signature of Authorized Representative Printed Name & Title Date 14. Cogency Global Inc. 7. consent to serve as the registered agent on behalf of the business entity. Sheila Carroll Assistant Secretary 12/5/2022	8. The names and business address	es of the entity's representative	es (secretary, officers and directo	ors, managers, trustees or ge	neral partners):
Name Street or P.O. Box 300 Provider Court Richmond KY 40475 Name Street or P.O. Box City State Zip Code MAYER FISCHL 300 Provider Court Richmond KY 40475 Name Street or P.O. Box City State Zip Code MAYER FISCHL 300 Provider Court Richmond KY 40475 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 secret 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. 14. Cogency Global Inc. 15. Cogency Global Inc. 16. Cogency Global Inc. 17. Consent to serve as the registered agent on behalf of the business entity. 18. Sheila Carroll 19. Assistant Secretary 19. John John Scoretary 19. John John Scoretary 19. John John Scoretary 19. John Scoretary 19. John Scoretary 19. John John Scoretar	DEN IAMINI ANDA	200 Provider Court	Dishmond	I/V	40475
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	Signature of Registered Agent	Printed	d Name	·	