

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1378998.06
Michael G. Adams
Secretary of State
Received and Filed
7/16/2024 12:00:00 AM
Fee receipt: \$90

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

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

SPINE CARE CLINICS OF AMERICA, LLC

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **12/21/2021** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

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

6. The name of the initial registered agent is

Northwest Registered Agent LLC

and the street address of the entity's initial registered office in Kentucky is

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

7. The names and business addresses of the entity's representatives:

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

8. This entity is managed by **Members**.

9. This application will be effective on **Tuesday, July 16, 2024**.

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 **Authorized signer: Nat Smith**

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the Registered Agent on behalf of this entity on Tuesday, July 16, 2024.