

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

0647999 0647999

Michael G. Adams  
KY Secretary of State  
Received and Filed

8/9/2023 12:00:00 AM

Fee receipt: \$2,160.00

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 limited liability company.
2. The name of the entity is: JACKSON NURSE PROFESSIONALS, LLC
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Georgia.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

**Principal Office**

2655 NORTHWINDS PARKWAY  
ALPHARETTA, GA 30009

**Registered Agent Name/Address**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

**Members/Managers**

Member	Jackson Nurse Professional Holdings, LLC	2655 Northwinds Parkway, Alpharetta, GA 30009
Manager	Richard L. Jackson	2655 Northwinds Parkway, Alpharetta, GA 30009

6. Tiphonie McAfee, Authorized Person, on 8/9/2023

7. I, Corporation Service Company, consent to serve as the registered agent on behalf of the this entity on 8/9/2023