

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Certificate of Authority
Foreign Business Entity

FBE

Pursuant to the provisions of KRS Chapter 14A and KRS Chapters 271B and 274 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** professional service corporation.
2. The name of the entity is **Wellround Provider Group, P.A..**
3. The name of the entity to be used in Kentucky is **Wellround Provider Group, P.A., PSC.**
4. The state or country under whose law the entity is organized is **Florida.**
5. The date of organization is **4/22/2019.**
6. The mailing address of the entity's principal office is **26 Broadway, Ste 318, New York City, NY 10004.**
7. The street address of the entity's registered office in Kentucky is **101 North Seventh Street, Louisville, KY 40202** and the name of the registered agent in that office is **Corporate Creations Network Inc..**
8. The names and business addresses of the entity's representatives:

Erik Mate	228 Park Ave S Pmb 88524, New York, NY 10003
Matthew Kennedy	228 Park Ave S Pmb 88524, New York, NY 10003
Nora Feldpausch	228 Park Ave S Pmb 88524, New York, NY 10003
9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
10. This application will be effective on filing.

Signature of Authorized Representative:
Erik Mate

I, **Corporate Creations Network Inc.**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Tim Pratts