

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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5/20/2020 1:45:34 PM
Fee receipt: \$90.00

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
Foreign Business Entity

FBE

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 273 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 **nonprofit** corporation.
2. The name of the entity is **St. Mary's Health Wagon, Inc..**
3. The name of the entity to be used in Kentucky is **St. Mary's Health Wagon, Inc..**
4. The state or country under whose law the entity is organized is **Virginia**.
5. The date of organization is **2/3/2003**.
6. The mailing address of the entity's principal office is **Po Box 7070, Wise, VA 24293**.
7. The street address of the entity's registered office in Kentucky is **421 W Main St, Frankfort, KY 40601** and the name of the registered agent in that office is **S&H Frankfort, LLC**.
8. The names and business addresses of the entity's representatives:

Patricia Sooner	1804 New Hampshire Ave, Bristol, VA 24201
Valerie Stewart	Po Box 233, Breaks, VA 24607
Kermit Anderson	650 Peter Jeff Pkwy Ste 230, Charlottesville, VA 22911
Teresa Tyson	Po Box 7070, Wise, VA 24293
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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:
Teresa Tyson

I, **S&H Frankfort, LLC**, 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

Peggy Tipton

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