

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1169404.06

Michael G. Adams

Secretary of State

Received and Filed

9/21/2021 10:36:55 AM

Fee receipt: \$90.00

FBE

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

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 275 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** limited liability company.
2. The name of the entity is **Kling Care Services Louisville, LLC**.
3. The name of the entity to be used in Kentucky is **Kling Care Services Louisville, LLC**.
4. The state or country under whose law the entity is organized is **Ohio**.
5. The date of organization is **9/14/2021**.
6. The mailing address of the entity's principal office is **8160 Corporate Park Drive, #125, Cincinnati, OH 45242**.
7. The street address of the entity's registered office in Kentucky is **2400 Chamber Center Drive, Suite 300, Ft Mitchell, KY 41017** and the name of the registered agent in that office is **GH&R Business Services, Inc.**
8. The names and business addresses of the entity's representatives:

Greg Kling 8160 Corporate Park Drive, #125, Cincinnati, OH 45242
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:

Robert F Brown

I, **GH&R Business Services, 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:

Michael A Hirschfeld