

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902
1108833.06
Michael G. Adams
Secretary of State
Received and Filed
8/17/2020 11:45:06 AM
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 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 **OUTLOOK HEALTHCARE SERVICES.**
3. The name of the entity to be used in Kentucky is **OUTLOOK HEALTHCARE SERVICES LLC.**
4. The state or country under whose law the entity is organized is **Massachusetts.**
5. The date of organization is **12/4/2014.**
6. The mailing address of the entity's principal office is **2509 Northern Dancer Ct, Burlington, KY 41005.**
7. The street address of the entity's registered office in Kentucky is **2509 Northern Dancer Ct, Burlington, KY 41005** and the name of the registered agent in that office is **JAY MAKONYONGA.**
8. The names and business addresses of the entity's representatives:

STEPHEN GATHU 2509 Northern Dancer Ct, Burlington, KY 41005
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:
JAY MAKONYONGA

I, **JAY MAKONYONGA**, 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:

JAY MAKONYONGA