

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

12/22/2023 4:25:28 AM

Fee receipt: \$90.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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Certificate of Authority

FBE

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: **PROVIDENCE HAIR STUDIO**
3. The name of the entity to be used in Kentucky is (if applicable): **PROVIDENCE HAIR STUDIO LLC**
4. The state or country whose law the entity is organized is **North Carolina**.
5. The date of organization is **9/2/2020** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

1210 Highland Ave.
Trent Woods, NC 28562

8. Registered Agent/Office

India Murray
17 Bullion Boulevard
Fort Knox, KY 40121

I, **India Murray**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Friday, December 22, 2023

As the Authorized Representative, I, **India Murray**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Owner/Operator**