

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1279504
Michael G. Adams
KY Secretary of State
Received and Filed

5/4/2023 3:58:07 PM

Fee receipt: \$90.00

L902

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

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: **SARAH GUGLUIZZA LCSW, PLLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **New York**.
5. The date of organization is **11/2/2014** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

551 Rogers Rd
Corbin, KY 40701

8. Required Representatives

Manager	Sarah Gugliuzza	551 Rogers Rd	Corbin	KY	40701
---------	-----------------	---------------	--------	----	-------

9. Registered Agent/Office

Sarah Gugliuzza
551 Rogers Rd
Corbin, KY 40701

I, **Sarah Gugliuzza**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Thursday, May 4, 2023

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