

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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

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: **CITIZENS DEBT RELIEF LLC**
3. The state or country whose law the entity is organized is **New York**.
4. The date of organization is **12/26/2017** and the period of duration is **perpetual**.  
This Filing is Effective on Wednesday, March 20, 2024
5. This entity is managed by Members

**6. Principal Office**

99 Madison Ave.  
Suite 901  
New York, NY 10016

**7. Required Representatives**

<b>Member</b>	Michael Chelala	99 Madison Ave., New York Suite 901	NY	10016
<b>Member</b>	Arjun Chopra	99 Madison Ave., New York Suite 901	NY	10016

**8. Registered Agent/Office**

Business Filings Incorporated  
306 W. Main St., Ste 512  
Frankfort, KY 40601

I, **Chris Das, AVP, Business Filings Incorporated**, consent to sign for **Business Filings Incorporated** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, March 20, 2024

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