

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed  
1/18/2025 12:00:00 AM  
Fee receipt: \$1,034.00

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**

**RCA**

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: Acupuncture Center of Evansville LLC
3. The name of the entity to be used in Kentucky is: Acupuncture Center of Evansville LLC
4. It is an entity organized and existing under the laws of the state of Indiana.
5. The date of organization is 1/1/2014 and the period of duration is perpetual

**Principal Office**

3608 Riverbend Cove  
Owensboro, KY 42303

**Registered Agent Name/Address**

Charlene Fabiano  
3608 Riverbend Cove  
Owensboro, KY 42303

**Members/Managers**

Member	Charlene Eubanks Fabiano	3608 Riverbend Cove
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6. Charlene Fabiano, President, on 1/18/2025

7. I, Charlene Fabiano, consent to serve as the registered agent on behalf of the this entity on 1/18/2025