

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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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 **professional service corporation**.
2. The name of the entity is: **SHARLA MIZE, LICENSED PROFESSIONAL CLINICAL COUNSELOR, INC.**
3. The state or country whose law the entity is organized is **California**.
4. The date of organization is **10/17/2023** and the period of duration is **perpetual**.
5. As a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, And all Of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia To render a professional service described in the statement of purposes of the corporation.

**6. Principal Office**

1588 Leestown Road  
Ste. 130-204  
Lexington, KY 40511

**7. Required Representatives**

<b>Officer</b>	Sharla Mize	1588 Leestown Road Ste. 130-204	Lexington	KY	40511
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**8. Registered Agent/Office**

Sharla Mize  
1588 Leestown Road  
Ste. 130-204  
Lexington, KY 40511

I, **Sharla Mize**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Thursday, November 2, 2023

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