

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed

2/26/2024 12:00:00 AM

Fee receipt: \$380.00

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: DDS LAB, LLC
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Florida.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

**Principal Office**

5440 BEAUMONT CENTER BLVD.  
SUITE 400  
TAMPA, FL 33634

**Registered Agent Name/Address**

National Registered Agents, Inc.  
306 W. Main Street  
Suite 512  
Frankfort, KY 40601

**Members/Managers**

Member Heather Trapp DDS Lab, LLC 5440 Beaumont Center Blvd., Ste. 400, Tampa, FL 33634

6. Amanda Miller, Controller, on 2/26/2024

7. I, National Registered Agents, Inc., consent to serve as the registered agent on behalf of the this entity on 2/26/2024