

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 **limited liability company**.
2. The name of the entity is: **THE DENTISTS CHOICE BY THOMAS FERGUSON LLC**
3. The state or country whose law the entity is organized is **Indiana**.
4. The date of organization is **9/22/2023** and the period of duration is **perpetual**.
5. This entity is managed by Members

**6. Principal Office**

4120 Anson Dr  
Floyds Knobs, IN 47119

**7. Required Representatives**

<b>Member</b>	Thomas Ferguson	4120 Anson Dr	Floyds Knobs	IN	47119
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**8. Registered Agent/Office**

Daniel Weber  
2304 Hurstbourne Village Dr #1100  
Louisville, KY 40299

I, **Daniel Weber**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Monday, December 4, 2023

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