

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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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:

- The entity is a **limited liability company**.
- The name of the entity is
HARMONY COUNSELING SERVICES, LLC
- The state or country under whose law the entity is organized is **Illinois**.
- The date of organization is **11/1/2006** and the period of duration is **10/30/2055**.
- The mailing address of the entity's principal office is
750 White Pine Circle, Lake in the Hills, IL 60156
- The street address of the entity's registered office in Kentucky is
434 W 8th St., Newport, KY 41071

and the name of the registered agent at that office is **Mary F Heraty**.

7. The names and business addresses of the entity's representatives:

Manager	Mary F Heraty	750 White Pine Circle	Lake in the Hills	IL	60156
Organizer	Mary F Heraty	750 White Pine Circle	Lake in the Hills	IL	60156

- This entity is managed by **Managers**.
- This application will be effective on **Thursday, April 18, 2024**.

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

I, **Mary F Heraty**, consent to serve as the **Registered Agent** on behalf of this limited liability company company.