

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1364613.06
Michael G. Adams
Secretary of State
Received and Filed
5/15/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

COMMUNITY MULTI SERVICES

3. The name of the entity to be used in Kentucky is

COMMUNITY MULTI SERVICES, LLC

4. The state or country under whose law the entity is organized is **Florida**.

5. The date of organization is **5/14/2024** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

1018 EAST NEW CIRCLE ROAD SUITE 208, LEXINGTON, KY 40505

7. The street address of the entity's registered office in Kentucky is

1018 E CIRCLE ROAD UNIT 208, LEXINGTON, KY 40505

and the name of the registered agent at that office is **GUERNA EUGENE VINCENT**.

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

Member	GUERNA EUGENE VINCENT	200 WEST AVENUE A	BELLE GLADE	FL	33430
---------------	-----------------------	-------------------	-------------	----	-------

9. This entity is managed by **Members**.

10. This application will be effective on **Wednesday, May 15, 2024**.

As the Authorized Representative, I, **GUERNA EUGENE VINCENT**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **OWNER**

I, **GUERNA EUGENE VINCENT**, consent to serve as the **Registered Agent** on behalf of this limited liability company company.