

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

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

N101
1427715.09
Michael G. Adams
Secretary of State
Received and Filed
2/6/2025 12:00:00 AM
Fee receipt: \$90

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 **nonprofit corporation**.

2. The name of the entity is

MEDICAL DEBT RESOLUTION, INC.

3. The state or country under whose law the entity is organized is **New York**.

4. The date of organization is **7/25/2014** and the period of duration is **perpetual**.

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

2807 Jackson Ave Fl 5, Long Island City, NY 11101

6. The name of the initial registered agent is

Registered Agents Inc

and the street address of the entity's initial registered office in Kentucky is

212 N. 2nd Street, STE 100, Richmond, KY 40475

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

Officer Allison Sesso 2807 Jackson Ave Fl 5, Long Island City, NY 11101

8. This filing will be effective on **Thursday, February 6, 2025**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **President: Allison Sesso**

I, **David Roberts, Assistant Secretary**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Thursday, February 6, 2025.