

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: **LEWIS JAMES PROFESSIONAL LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Georgia**.
5. The date of organization is **7/22/2011** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

5280 Avalon Blvd., 2nd Floor  
Alpharetta, GA 30009

**8. Required Representatives**

<b>Member</b>	Stephany Lewis	5280 Avalon Blvd., Alpharetta 2nd Floor	GA	30009
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**9. Registered Agent/Office**

Cogency Global, Inc.  
828 Lane Allen Road, Suite 219  
Lexington, KY 40504

I, **Eric Hood**, consent to sign for **Cogency Global, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, November 10, 2022

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