



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Certificate of Authority  
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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: ☐ profit corporation (KRS 271B). ☐ nonprofit corporation (KRS 273). ☐ professional service corporation (KRS 274).  
☐ business trust (KRS 386). ☒ limited liability company (KRS 275). ☐ professional limited liability company (KRS 275).  
☐ limited partnership (KRS 362).

2. The name of the entity is American Health and Wellness Institute, LLC

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 9/21/2009

and the period of duration is

(If left blank, the period of duration is considered perpetual.)

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

25 Professional Way, Suite 101

Verona

VA

24482

Street Address

City

State

Zip Code

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

306 West Main Street Suite 512

Frankfort

KY

40601

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is CT Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Ashvind N. Adkins Singh, Manager 25 Professional Way, Suite 101 Verona VA 24482

Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

Name Street or P.O. Box City State Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is

(Delayed effective date and/or time)

Ashvind N. Adkins Singh

Signature of Authorized Representative

Ashvind N. Adkins Singh, CCO April 6, 2012

Printed Name & Title

Date

I, CT Corporation System

Type/Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the business entity.

Michael Seraphin

Signature of Registered Agent

Michael Seraphin Asst. Secretary

Printed Name

Title

Date

(01/12)

4/9/12