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**

1245722 **1245722** Michael G. A..... KY Secretary of State Received and Filed 11/1/2023 12:00:00 AM Fee receipt: \$146.00

RCA

# of Authority

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: BLAZE FAMILY MANAGEMENT, LLC
- 3. The name of the entity to be used in Kentucky is (if applicable): BLAZE FAMILY MANAGEMENT, LLC
- 4. It is an entity organized and existing under the laws of the state of Nevada.
- 5. The date of organization is 11/5/2021 and the period of duration is perpetual

## **Principal Office**

2100 Opportunity Drive. -LB - A Murray, KY 42071

### **Registered Agent Name/Address**

Associates in Pediatric Therapy 90 Howard Drive Shelbyville, KY 40065

### **Members/Managers**

Member	Angela R Sageser	90 Howard Drive
Member	Rose M Sageser	90 Howard Drive
Member	Lana C Sageser	90 Howard Drive
Manager	Gregory S Sageser	90 Howard Drive

6. Gregory Sageser, Member, on 11/1/2023

7. I, Associates in Pediatric Therapy, consent to serve as the registered agent on behalf of the this entity on 11/1/2023