

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed

11/22/2023 12:00:00 AM

Fee receipt: \$188.00

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**

**RCA**

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: Christopher Dennis, MD, PLLC
3. The name of the entity to be used in Kentucky is (if applicable): Christopher Dennis, MD, PLLC
4. It is an entity organized and existing under the laws of the state of New York.
5. The date of organization is 4/20/2012 and the period of duration is perpetual

**Principal Office**

5838 Edison Place, Suite 100  
Carlsbad, CA 92008

**Registered Agent Name/Address**

CORPORATION SERVICE COMPANY  
421 MAIN STREET  
Frankfort, KY 40601

**Members/Managers**

Member CHRISTOPHER DENNIS MD 5838 Edison Place Ste. 100, Carlsbad, CA 92008

6. Christopher Dennis MD, Member, on 11/22/2023

7. I, CORPORATION SERVICE COMPANY, consent to serve as the registered agent on behalf of the this entity on 11/22/2023