

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

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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 entity is a **limited liability company**.

2. The name of the entity is

HEALING SPRING WELLNESS, LLC

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

4. The date of organization is **8/15/2023** and the period of duration is **perpetual**.

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

111 Main Street Suite 200, Lagrange, KY 40011

6. The name of the initial registered agent is

Linda Hefner

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

223 Montfort Lane, Campbellsburg, KY 40011

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

Member Linda Hefner 223 Montfort, Campbellsburg, KY 40011

8. This entity is managed by **Members**.

9. This filing will be effective on **Friday, March 28, 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 **Member: Linda Hefner**

I, **Linda Hefner**, consent to serve as the Registered Agent on behalf of this entity on Friday, March 28, 2025.