

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed  
12/1/2024 12:00:00 AM  
Fee receipt: \$190.00

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: SUMMER BS THERAPEUTIC MASSAGE LLC
3. The name of the entity to be used in Kentucky is: Summer B's Therapeutic Massage, L.L.C.
4. It is an entity organized and existing under the laws of the state of Montana.
5. The date of organization is 5/3/2021 and the period of duration is perpetual

**Principal Office**

PO Box 290  
Hartford, KY 42347

**Registered Agent Name/Address**

Summer Bowers  
105 Midtown Plaza  
Beaver Dam, KY 42320

6. Summer Bowers , Mrs/LMT, on 12/1/2024
7. I, Summer Bowers, consent to serve as the registered agent on behalf of the this entity on 12/1/2024