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

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P101

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**

**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 **professional service corporation**.
- 2. The name of the entity is

### MSW LEXINGTON KY, LLC

3. The name of the entity to be used in Kentucky is

## TESTTEST LLCHJGVG PROFESSIONAL SERVICE CORPORATION

- 4. The state or country under whose law the entity is organized is **Indiana**.
- 5. The date of organization is **5/13/2024** and the period of duration is **perpetual**.
- 6. The mailing address of the entity's principal office is

#### 123 Main Street, Frankfort, KY 40602

7. The name of the initial registered agent is

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

#### 123 Main Street, Frankfort, KY 40602

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

**Director** Jenae Christensen 123 Main Street, Frankfort, KY 40601

- 9. As 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. This application will be effective on **Thursday**, **May 23, 2024**.

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 **Owner:** 

# **JChristensen**

I, **David Roberts**, consent to sign for **JC** wh Registered Agent on behalf of this entity or 2024.

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