

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY 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 business entity is a **nonprofit corporation**.
2. The name of the entity is: **PONTIS COMMUNITY SERVICES A NJ NONPROFIT CORPORATION**
3. The state or country whose law the entity is organized is **New Jersey**.
4. The date of organization is **3/14/2022** and the period of duration is **perpetual**.
This Filing is Effective on Monday, February 26, 2024

5. Principal Office

625 Broad Street Suite #240
Newark, NJ 07102

6. Registered Agent/Office

Troy Richardson
2321 Sir Barton Way Suite 140 #1116
Lexington, KY 40509

I, **Troy Richardson**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Monday, February 26, 2024

As the Authorized Representative, I, **Troy Richardson**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**