

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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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: FREEMAN MOBILE ORTHODONTICS PLLC
3. The name of the entity to be used in Kentucky is (if applicable): FREEMAN MOBILE ORTHODONTICS PLLC
4. It is an entity organized and existing under the laws of the state of Florida.
5. The date of organization is 10/13/2017 and the period of duration is perpetual

Principal Office

1825 NE 45th Street
Suite A
Fort Lauderdale, FL 33308

Registered Agent Name/Address

Corporation Service Company
421 West main Street
Frankfort, KY 40601

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Sherry Tomas on 9/6/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Corporation Service Company on 9/6/2022