

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

**Zaltana Wellness**

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

**ZALTANA WELLNESS PROFESSIONAL LIMITED LIABILITY COMPANY**

4. The state or country under whose law the entity is organized is **Florida**.

5. The date of organization is **6/10/2024** and the period of duration is **perpetual**.

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

**1717 Dixie Hwy. Suite 430, Ft. Wright, KY 41011**

7. The name of the initial registered agent is

**Lisa V Wright**

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

**1717 Dixie Hwy. Suite 430, Ft. Wright, KY 41011**

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

<b>Manager</b>	Lisa V Wright	1717 Dixie Hwy. Suite 430, Ft. Wright, KY 41011
<b>Organizer</b>	Lisa V Wright	1717 Dixie Hwy. Suite 430, Ft. Wright, KY 41011

9. This entity is managed by **Managers**.

10. This application will be effective on **Monday, June 10, 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: Lisa V Wright**

I, **Lisa V Wright**, consent to serve as the Registered Agent on behalf of this entity on Monday, June 10, 2024.