

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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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 business entity is a **limited liability company**.
2. The name of the entity is: **SMG ABA LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **New York**.
5. The date of organization is **8/24/2015** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

300 Corporate Plaza, Suite 301
Islandia, NY 11749

8. Required Representatives

Member	Wesley Melchiorre	300 Corporate Plaza, Suite 301	Islandia	NY	11749
Member	David Isaacs	300 Corporate Plaza, Suite 301	Islandia	NY	11749
Member	Gregory Scotto	300 Corporate Plaza, Suite 301	Islandia	NY	11749

9. Registered Agent/Office

Registered Agent Solutions, Inc.
828 Lane Allen Road, Suite 219
Lexington, KY 40504

I, **Naomi Ostopowitz**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Sunday, November 27, 2022

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