

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1401238.06
Michael G. Adams
Secretary of State
Received and Filed
10/12/2024 12:00:00 AM
Fee receipt: \$90

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 **limited liability company**.

2. The name of the entity is

Insight Psychiatry Center LLC

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

Insight Psychiatry Center LLC

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

5. The date of organization is **10/1/2024** and the period of duration is **perpetual**.

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

110 S Court Street, Scottsville, KY 42164

7. The name of the initial registered agent is

Insight Psychiatry

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

1945 Scottsville Rd, B2-328, Bowling Green, KY 42164

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

Registered Agent	Insight Psychiatry	1945 Scottsville Rd, B2-328, Bowling Green, KY 42164
Authorized Rep	Insight Psychiatry	1945 Scottsville Rd, B2-328, Bowling Green, KY 42164
Authorized Rep	Summer Sievert	1945 Scottsville Rd, B2-328, Bowling Green, KY 42104

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

10. This filing will be effective on **Saturday, October 12, 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 A
Summer Sievert

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I, **Summer Sievert**, consent to sign for **Insid**
serves as the Registered Agent on behalf of
Saturday, October 12, 2024.

