

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

Dale Mobile Podiatry PLLC

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

DALE MOBILE PODIATRY LLC

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

5. The date of organization is **1/11/2025** and the period of duration is **perpetual**.

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

706 James St. Apt. B, Bridgeport, WV 26330

7. The name of the initial registered agent is

Robert Dale

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

12910 Shelbyville Rd Ste 300, Louisville, KY 40243

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

Member Robert Dale 706 James St., Bridgeport, WV 26330

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

10. This filing will be effective on **Saturday, January 11, 2025**.

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: Robert Dale**

I, **Robert Dale**, consent to serve as the Registered Agent on behalf of this entity on Saturday, January 11, 2025.