

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1370848.06
Michael G. Adams
Secretary of State
Received and Filed
6/10/2024 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

Poseyville Dental Sleep Solutions LLC

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

Poseyville Dental Sleep Solutions LLC

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

5. The date of organization is **2/4/2020** and the period of duration is **perpetual**.

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

215 Bayshore Dr, Cadiz, KY 42211

7. The name of the initial registered agent is

ALESIA BROWN

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

215 Bayshore Dr, Cadiz, KY 42211

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

Registered Agent	ALESIA DENISE BROWN	215 Bayshore Dr, Cadiz, KY 42211
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Manager	ALESIA DENISE BROWN	215 Bayshore Dr, Cadiz, KY 42211
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Manager	Luke J Brown	215 Bayshore Dr, Cadiz, KY 42211
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Manager	Ralph L Brown	215 Bayshore Dr, Cadiz, KY 42211
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Authorized Rep	ALESIA DENISE BROWN	215 Bayshore Dr, Cadiz, KY 42211
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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 **Authorized Rep**:

ALESIA DENISE BROWN

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I, **ALESIA DENISE BROWN**, consent to sign
who serves as the Registered Agent on behalf of
Monday, June 10, 2024.

