

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1403548.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/23/2024 9:54 AM Fee Receipt: \$90.00

Certificate of Authority (Foreign Business Entity)

Signature of Registered Agent	Printed Name		Title	Date
/s/ Brendan Wangel	Brendan Wangel		Assistant Secretary	10/17/2024
Type/Print Name of Registered Agent	, 001		5 <u></u>	
Registered Agent Solutions, Inc.	col	nsent to serve as the re	gistered agent on behalf	of the husiness entity
Signature of Authorized Representative	· · · · · · · · · · · · · · · · · · ·	Printed Name & Title		Date
/s/ Solomon Adams	Solon	non Adams	10/17	7/2024
13. This application will be effective upon filing.				
12. If a limited liability company, check box if mar	nager-managed: 🔽			
11. If a limited partnership, it elects to be a limited li	ability limited partnership.	Check the box it appli	cable:	
11. If a limited partnership, it elects to be a limited lia				
10. I certify that, as of the date of filing this application	on, the above-named entit	ry validly exists under th	ne laws of the jurisdiction o	of its formation.
 If a professional service corporation, all the individual treasurer are licensed in one or more states or statement of purposes of the corporation. 				
Name Street or F	P.O. Box	City	State	Zip Code
	Rd,620 South Building 6, Ste 100	Bee Cave	TX	78738
McCall McPherson 3944 Ranch F Name Street or F	Rd,620 South Building 6, Ste 100	Bee Cave City	TX State	Zip Code
Name Street or F		City	State	Zip Code 78738
•	l., 620 South Building 6, Ste 100	Bee Cave	TX	78738
8. The names and business addresses of the entity			rs, managers, trustees or	general partners):
and the name of the registered agent at that office is	Registered Agent Soluti	•	Otal	e Zip oode
828 Lane Allen Road, Suite 219 Street Address (No P.O. Box Numbers)		Lexington City	KY	40504 te Zip Code
7. The street address of the entity's registered office	e in Kentucky is			40504
Street Address		City	State	Zip Code
6. The mailing address of the entity's principal office 3944 Ranch Rd., 620 South Building 6, Suite 100	e is	Bee Cave	TX	78738
		_and the period of dare	(If left blank, duration	n is considered perpetual.)
 The state of country under whose law the entity in The date of organization is 06/24/2024 	is organized is roxac	_and the period of dura	ation is Perpetual	
The state or country under whose law the entity it.	, , ,	rovide if "real name" i	s unavailable for use; ot	herwise, leave blank.)
3. The name of the entity to be used in Kentucky is	(if applicable):			
(The name must	be identical to the name	on record with the S	ecretary of State.)	
2. The name of the entity is Modern Weight Loss, L	•	ar service corporation	ounci	
limited partnership		tive association al service corporation	public benefit c	orporation
business trust			statutory trust	arnaration
1. The entity is a: profit corporation	nonprofit corporation limited liability company		professional limited liability company	
and, for that purpose, submits the following stateme				
Pursuant to the provisions of KRS 14A – 030 the up		for authority to transac	ct business in Kentucky o	n behalf of the entity named be
www.sos.ky.gov				
(302) 304-3490				