

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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: **ANDREWS COUNSELING AND CONSULTING, PLLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **North Carolina**.
5. The date of organization is **1/19/2017** and the period of duration is **4/27/2023**
6. This entity is managed by Managers

7. Principal Office

114 PASADENA DR
STE 275C
LEXINGTON, KY 40503

8. Required Representatives

Manager	Travis Swindell Andrews	671 Dickson Rd.	Riegelwood	NC	28456
Manager	Anthony Dixon Andrews	671 Dickson Rd.	Riegelwood	NC	28456

9. Registered Agent/Office

Andrews Counseling and Consulting, PLLC
114 PASADENA DR
STE 275C
LEXINGTON, KY 40503

I, **Travis S. Andrews**, consent to sign for **Andrews Counseling and Consulting, PLLC** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, April 27, 2023

As the Authorized Representative, I, **Travis S. Andrews**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**