

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1422349.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
1/16/2025 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

**DR. PHELPS LLC**

3. The state or country under whose law the entity is organized is **Texas**.

4. The date of organization is **5/3/2023** and the period of duration is **perpetual**.

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

**4621 SOUTH COOPER ST 131-294, ARLINGTON, TX 76017**

6. The name of the initial registered agent is

**Marcus Mitchell**

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

**326 West 2nd Street, Central City, KY 42330**

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

<b>Manager</b>	Jacqueline Phelps	200 Rock Tree Ct, Mansfield, TX 76063
<b>Organizer</b>	Jacqueline Phelps	200 Rock Tree Ct, Mansfield, TX 76063
<b>Manager</b>	Felicia Delaney	4621 SOUTH COOPER ST 131-294, ARLINGTON, TX 76017
<b>Organizer</b>	Felicia Delaney	4621 SOUTH COOPER ST 131-294, ARLINGTON, TX 76017

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

9. This filing will be effective on **Thursday, January 16, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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/CEO: Dr. Phelps LLC**

I, **Marcus Mitchell**, consent to serve as the  
behalf of this entity on Thursday, January 16

**1422349.06****Michael G. Adams****Secretary of State**

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