

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Certificate of Authority FBE **Business Filings** (Foreign Business Entity) PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274,275, 362 and 386 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: professional service corporation (KRS 274). profit corporation (KRS 271B). nonprofit corporation (KRS 273). 1. The entity is a: limited liability company (KRS 275). professional limited liability company (KRS 275). business trust (KRS 386). limited partnership (KRS 362). American Health and Wellness Institute, LLC 2. The name of the entity is (The name must be identical to the name on record with the Secretary of State.) 3. The name of the entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; otherwise, leave blank.) Virginia 4. The state or country under whose law the entity is organized is 9/21/2009 5. The date of organization is and the period of duration is (If left blank, the period of duration is considered perpetual.) 6. The mailing address of the entity's principal office is 24482 VA Verona 25 Professional Way, Suite 101 State Zip Code Street Address City 7. The street address of the entity's registered office in Kentucky is KY Frankfurt 306 West Main Street State Zip Code City Street Address (No P.O. Box Numbers) and the name of the registered agent at that office is ____ifer Aultman 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): V۸ 24482 Ashvind N. Adkins Singh, Manager 25 Professional Way, Suite 101 Verona Zip Code State Street or P.O. Box City Name State Zip Code Street or P.O. Box City Name Street or P.O. Box City State Zip Code Name 9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation. 10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation. 11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: 12. This application will by effective upon filling, unless a delayed effective date and/or time is provided. The effective date or the date and/or time is (Delayed effective date and/or time) Ashvind N. Adkins Singh, CCO April 6, 2012 Printed Name & Title Jennifer Aultman consent to serve as the registered agent on behalf of the business entity. Type/Print Name of Registered Agent Jennifer Aultman Date Printed Name Title Signature of Registered Agent (01/12)



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Pursuant to the provisions of KRS 14A a on behalf of the entity named below and	and KRS 271B, 273, 274,275, 362 a , for that purpose, submits the follo	and 386 the undersigned he wing statements:	ereby applies for author	ity to transact business in Kentucky
business t	trust (KRS 386). Iimited rtnership (KRS 362).	ofit corporation (KRS 273). liability company (KRS 275		service corporation (KRS 274). limited liability company (KRS 275).
Z. THE HAITE OF THE CHURVIS	can Health and Wellness			
3. The name of the entity to be used in l	Kontucky is (if annlicable):			
	(Only pro	ovide if "real name" is unavail	able for use; otherwise,	leave blank.)
4. The state or country under whose law	v the entity is organized is viigi	111a		
5. The date of organization is 9/21/2	009	and the period of duration	on is	
	•			blank, the period of duration considered perpetual.)
 The mailing address of the entity's pr Professional Way, Suite 		Verona	VA	24482
Street Address	101	City	State	Zip Code
7. The street address of the entity's reg	istered office in Kentucky is			
306 West Main Street	Frankfurt	KY		
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at	that office is CT Corporatio	n System		
8. The names and business addresses			s, managers, trustees o	r general partners):
Ashvind N. Adkins Singh, Manager	25 Professional Way, Suite	101 Verona	VA	24482
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, and treasurer are licensed in one or more statement of purposes of the corporation	re states or territories of the United	less than one half (1/2) of th States or District of Columb	ne directors, and all of to it is to render a profession.	ne officers other than the secretary onal service described in the
10. I certify that, as of the date of filing to 11. If a limited partnership, it elects to				of its formation.
12. This application will be effective upo The effective date or the delayed effective	n filing, unless a delayed effective over date cannot be prior to the date	date and/or time is provided the application is filed. The	date and/or time is	elayed effective date and/or time)
	A:	shvind N. Adkins Sin	,	· ·
Signature of Authorized Representative		Printed Name & Title		Date
C T Corporation System Type/Print Name of Registered Allent		consent to serve as the reg	istered ageit en behal Assistant Secre	nor the business entity. tary
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	Jennifer A	Aultman		
Signature of Registered Agent (01/12)	Printed Name		Title	Date