

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

N101  
1396251.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
9/19/2024 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 **nonprofit corporation**.

2. The name of the entity is

**American Medical Women's Association Inc.**

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

**American Medical Women's Association Inc.**

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

5. The date of organization is **1/1/1923** and the period of duration is **perpetual**.

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

**201 E Main St Ste 810, Lexington, KY 40507**

7. The name of the initial registered agent is

**Nick Ruffin**

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

**201 E Main St Ste 810, Lexington, KY 40507**

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

<b>Registered Agent</b>	Nick Ruffin	201 E Main St Ste 810, Lexington, KY 40507
<b>Authorized Rep</b>	Nick Ruffin	201 E Main St Ste 810, Lexington, KY 40507
<b>Officer</b>	Eliza Chin	201 E Main St Ste 810, Lexington, KY 40507

9. This filing will be effective on **Thursday, September 19, 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: Nick Ruffin**

I, **Nick Ruffin**, consent to sign for **Nick Ruffin** who serves as the

Registered Agent on behalf of this entity on 9/19/2024.

N101

**1396251.09**

**Michael G. Adams**

**Secretary of State**

Received and Filed

**9/19/2024 12:00:00 AM**

**Fee receipt: \$90**

