Commonwealth of Kentucky Michael G. Adams, Secretary of State

P101
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Michael G. Adams
Secretary of State
Received and Filed
4/23/2024 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 **professional service corporation**.
- 2. The name of the entity is

Rooted in Grace Psychological Services PA

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

Rooted in Grace Psychological Services PSC

- 4. The state or country under whose law the entity is organized is Florida.
- 5. The date of organization is **7/11/2022** and the period of duration is **perpetual**.
- 6. The mailing address of the entity's principal office is

PO Box 1207, Campbellsville, KY 42719

7. The street address of the entity's registered office in Kentucky is

212 N 2nd St Ste 100, Richmond, KY 40475

and the name of the registered agent at that office is Northwest Registered Agent LLC.

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

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Registered Agent	Northwest Registered 212 N 2nd St		Richmond	KY	40475
	Agent LLC	Ste 100			
President	Abrielle Conway	13 Se 21st PI	Cape Coral	FL	33990
Authorized Rep	Abrielle Conway	13 Se 21st PI	Cape Coral	FL	33990
President	Abrielle Conway	13 Se 21st PI	Cape Coral	FL	33990

- 9. As 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. This application will be effective on Tuesday, April 23, 2024.

As the Authorized Representative, I, **Abrielle Conway**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

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I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who **Registered Agent** on behalf of this professional service corporation company.

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