

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1310053 1310053

Michael G. Adams
KY Secretary of State

Received and Filed

9/20/2023 2:03:29 PM

Fee receipt: \$90.00

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: **T FIELDS TRAUMA THERAPY & TRAINING**
3. The name of the entity to be used in Kentucky is (if applicable): **T FIELDS TRAUMA THERAPY & TRAINING LLC**
4. The state or country whose law the entity is organized is **Kansas**.
5. The date of organization is **9/21/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

102 PINELAND LN
BRANDENBURG, KY 40108

8. Required Representatives

Member	TARA FIELDS	102 PINELAND LN BRANDENBURG	KY	40108
---------------	-------------	-----------------------------	----	-------

9. Registered Agent/Office

TARA FIELDS
102 PINELAND LN
BRANDENBURG, KY 40108

I, **TARA FIELDS**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Wednesday, September 20, 2023

As the Authorized Representative, I, **TARA FIELDS**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **MANAGING MEMBER**