

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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: **VISA VIS SERVICES OF KENTUCKY, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **7/11/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

1481 MCDONALD AVENUE  
BROOKLYN, NY 11230

**8. Required Representatives**

<b>Manager</b>	MELISSA POWELL	1481 McDonald Avenue	Brooklyn	NY	11230
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**9. Registered Agent/Office**

Corporate Creations Network Inc.  
101 North Seventh Street  
Louisville, KY 40202

I, **ALEX ENGLARD**, consent to sign for **Corporate Creations Network Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, July 14, 2023

As the Authorized Representative, I, **MELISSA POWELL**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **AUTHORIZED PERSON**