

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

P101  
1385060.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
8/7/2024 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 **profit corporation**.

2. The name of the entity is

**Professional Retail Services Inc.**

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

**Professional Retail Services Inc.**

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

5. The date of organization is **10/3/2000** and the period of duration is **perpetual**.

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

**5 Orville Dr Ste 100, Bohemia, NY 11716**

7. The name of the initial registered agent is

**INCORP SERVICES, INC.**

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

**828 Lane Allen Rd Ste 219, Lexington, KY 40504**

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

<b>Registered Agent</b>	INCORP SERVICES, INC. 828 Lane Allen Rd Ste 219, Lexington, KY 40504	
<b>Officer</b>	Danielle Procida	5 Orville Dr Ste 100, Bohemia, NY 11716
<b>President</b>	Kathleen Larmour	5 Orville Dr Ste 100, Bohemia, NY 11716
<b>Authorized Rep</b>	Amanda Fredette	5 Orville Dr Ste 100, Bohemia, NY 11716

9. This filing will be effective on **Wednesday, August 7, 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:**  
**Amanda Fredette**

I, **Timothy Duncan**, consent to sign for **INC.**  
**INC.** who serves as the Registered Agent on  
on Wednesday, August 7, 2024.

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