

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

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1415664.09
Michael G. Adams
Secretary of State
Received and Filed
12/16/2024 12:00:00 AM
Fee receipt: \$90

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
OPTICIANS ASSOCIATION OF AMERICA, INC.
3. The state or country under whose law the entity is organized is **Pennsylvania**.
4. The date of organization is **1/1/1753** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
217 N. Upper Street, LEXINGTON, KY 40507
6. The name of the initial registered agent is
James Michael Morris
and the street address of the entity's initial registered office in Kentucky is
217 N. Upper Street, Lexington, KY 40507
7. The names and business addresses of the entity's representatives:
Officer James Michael Morris 217, N. Upper Street, Lexington, KY 40507
8. This filing will be effective on **Monday, December 16, 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 **Attorney: James Michael Morris**

I, **James Michael Morris**, consent to serve as the Registered Agent on behalf of this entity on Monday, December 16, 2024.