

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1361566.06
Michael G. Adams
Secretary of State
Received and Filed
5/1/2024 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 **limited liability company**.

2. The name of the entity is

SOLUTIONS PSYCHIATRY LLC

3. The state or country under whose law the entity is organized is **Wyoming**.

4. The date of organization is **9/25/2023** and the period of duration is **perpetual**.

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

30 N Gould St Ste N, Sheridan, WY 82801

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

4601 E. Douglas Ave. STE 150, Wichita, KY 40475

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

7. This entity is managed by **Members**.

8. This application will be effective on **Wednesday, May 1, 2024**.

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

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this limited liability company company.