

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: **COMBS PSYCHOTHERAPY L.L.C.**
3. The state or country whose law the entity is organized is **Wyoming**.
4. The date of organization is **1/18/2021** and the period of duration is **perpetual**.  
This Filing is Effective on Tuesday, March 19, 2024
5. This entity is managed by Members

**6. Principal Office**

212 N. 2nd St. STE 100  
Richmond, KY 40475

**7. Registered Agent/Office**

Northwest Registered Agent LLC  
212 N. 2nd St. STE 100  
Richmond, KY 40475

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, March 19, 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 Representative**