



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
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Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

Certificate of Authority  
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the foreign entity named below and, for that purpose, submits the following statements:

1. The entity is a: ☐ profit corporation ☐ nonprofit corporation ☐ professional limited liability company  
☐ business trust ☒ limited liability company ☐ statutory trust  
☐ limited partnership ☐ ltd cooperative association ☐ other  
☐ non-profit llc ☐ professional service corporation

2. The name of the foreign entity is LMS AESTHETICS LLC  
(The name must be identical to the name on record in the state or country where the foreign entity was formed.)

3. The name of the foreign entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if name on line 2 is unacceptable for use; otherwise, leave blank.)

4. The state or country under whose law the foreign entity is organized is OHIO

5. The date of organization is June 17, 2020 and the period of duration is PERPETUAL  
(If left blank, duration is considered perpetual.)

6. The mailing address of the foreign entity's principal office is  
27 Scott St. Covington KY 41011  
Street Address City State Zip Code

7. The street address of the foreign entity's registered office in Kentucky is  
27 Scott St. Covington KY 41011  
Street Address City State Zip Code

and the name of the registered agent at that office is Lisa McMillan

8. The names and business addresses of the foreign entity's representatives (e.g., secretary, officers and directors, managers, trustees, or general partners):

<u>Lisa McMillan</u>	<u>27 Scott St.</u>	<u>Covington</u>	<u>KY</u>	<u>41011</u>
Name	Street or P.O. Box	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Name	Street or P.O. Box	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named foreign entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

<u>Sara Shikhman</u>	<u>Sara Shikhman, Authorized Representative</u>	<u>11/19/2024</u>
Signature of Authorized Representative	Printed Name & Title	Date

I, Lisa McMillan, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

<u>Lisa McMillan</u>	<u>Lisa McMillan</u>	<u>REGISTERED AGENT</u>	<u>11/19/2024</u>
Signature of Registered Agent	Printed Name	Title	Date