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**

1235778 **1235778** Michael G. J...... KY Secretary of State Received and Filed 10/30/2023 12:00:00 AM Fee receipt: \$142.00

## RCA

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: Advanced Implant Centers LLC
- 3. The name of the entity to be used in Kentucky is (if applicable): Advanced Implant Centers LLC
- 4. It is an entity organized and existing under the laws of the state of Indiana.
- 5. The date of organization is 4/8/2019 and the period of duration is perpetual

## **Principal Office**

3901 Dutchmans Ln Ste 201 Louisville, KY 40207

## **Registered Agent Name/Address**

Robert Schroering DMD 3901 Dutchmans Lane Louisville, KY 40207

6. Robert Schroering DMD, owner, on 10/30/2023

7. I, Robert Schroering DMD, consent to serve as the registered agent on behalf of the this entity on 10/30/2023