

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1371184.06
Michael G. Adams
Secretary of State
Received and Filed
6/11/2024 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

Daniel A Hatef, MD LLC

3. The name of the entity to be used in Kentucky is

Daniel A Hatef, MD LLC

4. The state or country under whose law the entity is organized is **Tennessee**.

5. The date of organization is **4/1/2015** and the period of duration is **perpetual**.

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

2818 Farrell Crescent, Owensboro, KY 42303

7. The name of the initial registered agent is

Linda Maggard

and the street address of the entity's initial registered office in Kentucky is

2818 Farrell Crescent, Owensboro, KY 42303

8. The names and business addresses of the entity's representatives:

Registered Agent	Linda Maggard	2818 Farrell Crescent, Owensboro, KY 42303
Authorized Rep	Daniel A Hatef	2818 Farrell Crescent, Owensboro, KY 42303

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

10. This application will be effective on **Tuesday, June 11, 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 **Authorized Rep:**
Daniel A Hatef

I, **Linda Maggard**, consent to sign for **Linda Maggard** who serves
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as the Registered Agent on behalf of this ent
11, 2024.

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