

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1340289 1340289

Michael G. Adams
KY Secretary of State
Received and Filed

2/9/2024 10:45:41 AM

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: **ZENITH ABA & LIFE SKILLS**
3. The name of the entity to be used in Kentucky is (if applicable): **ZENITH ABA & LIFE SKILLS LLC**
4. The state or country whose law the entity is organized is **Texas**.
5. The date of organization is **1/30/2024** and the period of duration is **perpetual**.
This Filing is Effective on Friday, February 9, 2024
6. This entity is managed by Members

7. Principal Office

5900 Balcones Dr.
STE 100
Austin, TX 78731

8. Required Representatives

Member	Christine Horner	5900 Balcones Dr. Austin STE 100	TX	78731
---------------	------------------	-------------------------------------	----	-------

9. Registered Agent/Office

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

I, **Christine Horner**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, February 9, 2024

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