



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 1/25/2023 11:44 AM
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Division of Business Filings

P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
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 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 entity is Sitka Medical Group, P.A.
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): Sitka Medical Group, PSC
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 4/26/2022 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
712 H St. NE PMB 12 Washington DC 20002

Street Address **City** **State** **Zip Code**

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road, Suite 219 Lexington KY 40504

Street Address (No P.O. Box Numbers) **City** **State** **Zip Code**

and the name of the registered agent at that office is COGENCY GLOBAL INC.

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

Takashi Nakamura 712 H St. NE PMB 12 Washington DC 20002

Name **Street or P.O. Box** **City** **State** **Zip Code**

Name **Street or P.O. Box** **City** **State** **Zip Code**

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 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.

DocuSigned by:

Takashi Nakamura

Signature of Authorized Representative

Takashi Nakamura, President

Printed Name & Title

01/18/2023

Date

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

Jeremy Seims
 Signature of Registered Agent

Jeremy Seims, Assistant Secretary of Cogency Global Inc. 01/24/2023
 Printed Name Title Date