



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

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**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 3/6/2023 2:30 PM  
 Fee Receipt: \$90.00

**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 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                      public benefit corporation  
                                  non-profit llc                      professional service corporation                      other

2. The name of the entity is The Everett Clinic, PLLC  
 (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): \_\_\_\_\_  
 (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 Washington

5. The date of organization is 02/09/1925 and the period of duration is \_\_\_\_\_  
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
3901 Hoyt Avenue                      Everett                      Washington                      98201  
**Street Address**                      **City**                      **State**                      **Zip Code**

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512                      Frankfort                      KY                      40601  
**Street Address (No P.O. Box Numbers)**                      **City**                      **State**                      **Zip Code**

and the name of the registered agent at that office is C T Corporation System

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

<u>Imelda Dacones, M.D., CEO</u>	<u>3901 Hoyt Avenue</u>	<u>Everett</u>	<u>Washington</u>	<u>98201</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u>Shawn Slack, M.D., President</u>	<u>3901 Hoyt Avenue</u>	<u>Everett</u>	<u>Washington</u>	<u>98201</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u>Peter M. Gill, Treasurer</u>	<u>9900 Bren Road East</u>	<u>Minnetonka</u>	<u>MN</u>	<u>55343</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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.

Shawn Slack                      Shawn Slack, M.D., President                      03/03/2023  
**Signature of Authorized Representative**                      **Printed Name & Title**                      **Date**

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.  
**Type/Print Name of Registered Agent**

By: C T Corporation System                      Michele Miller                      Asst. Secretary                      3/3/2023  
**Signature of Registered Agent**                      **Printed Name**                      **Title**                      **Date**

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

THE EVERETT CLINIC, PLLC

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/09/1925.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/02/2023  
UBI Number: 313 001 098



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

*Steve R Hobbs*

Steve R. Hobbs, Secretary of State

Date Issued: 03/02/2023