

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

P101
1403092.09
Michael G. Adams
Secretary of State
Received and Filed
10/21/2024 12:00:00 AM
Fee receipt: \$90

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 **professional service corporation**.

2. The name of the entity is

DR. BESTY JACOB, O.D., P.A

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

DR. BESTY JACOB, O.D., P.A.P.S.C.

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

5. The date of organization is **8/12/2013** and the period of duration is **perpetual**.

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

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

7. The name of the initial registered agent is

Registered Agents Inc

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

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

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

Director Besty Jacob 212 N. 2nd St. STE 100, Richmond, KY 40475

9. As 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. This filing will be effective on **Monday, October 21, 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 Signer:**
Robin Jones

I, **David Roberts**, consent to sign for **Regis**
who serves as the Registered Agent on behalf of
Monday, October 21, 2024.

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