

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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**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 **nonprofit corporation**.

2. The name of the entity is

**Women's Dermatologic Society**

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

**WOMEN'S DERMATOLOGIC SOCIETY INC.**

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

5. The date of organization is **6/5/2003** and the period of duration is **perpetual**.

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

**201 E Main St. Ste 810, Lexington, KY 40507**

7. The name of the initial registered agent is

**Nick Ruffin**

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

**201 E Main St. STE 810, Lexington, KY 40507**

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

**Officer** Sarah Jackson 201 E Main St. STE 810, Lexington, KY 40507

9. This filing will be effective on **Friday, April 4, 2025**.

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 **President & CEO:**  
**Nick Ruffin**

I, **Nick Ruffin**, consent to serve as the Registered Agent on behalf of this entity on Friday, April 4, 2025.