

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

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Michael G. Adams  
Secretary of State  
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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 entity is a **profit corporation**.

2. The name of the entity is

**PREFERRED LABORATORY SERVICES, INC**

3. The state or country under whose law the entity is organized is **Illinois**.

4. The date of organization is **12/1/2021** and the period of duration is **perpetual**.

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

**620 N. Gilbert Street Unit 620, Danville, IL 61832**

6. The name of the initial registered agent is

**Registered Agent Solutions**

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

**828 Lane Allen Rd. Suite 219, Lexington, KY 40504**

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

<b>Officer</b>	Troy Evans	9363 Allen Rd., West Chester, OH 45069
<b>Officer</b>	Mike Strait	9363 Allen Rd, West Chester, OH 45069

8. This filing will be effective on **Monday, October 7, 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 **Chief Financial Officer: Mike Strait**

I, **Registered Agent Solutions**, consent to sign for **Registered Agent Solutions** who serves as the Registered Agent on behalf of this entity on Monday, October 7, 2024.