

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
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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 **limited liability company**.

2. The name of the entity is

MALHOTRA & ASSOCIATES, LLC

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

4. The date of organization is **8/13/2013** and the period of duration is **perpetual**.

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

1050 Lexington Avenue, Mansfield, OH 44907

6. The name of the initial registered agent is

Corporation Service Company

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

421 West Main Street, Frankfort, KY 40601

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

Manager	Scott Wick	305 W. Front St., Ste 201, Traverse City, MI 49684
Organizer	Scott Wick	305 W. Front St., Ste 201, Traverse City, MI 49684

8. This entity is managed by **Managers**.

9. This filing will be effective on **Friday, December 27, 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 **CEO: Scott Wick**

I, **Jawann Latney**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Friday, December 27, 2024.