

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY 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 business entity is a **nonprofit corporation**.
2. The name of the entity is: **ARCHWAY INSTITUTE FOR MENTAL HEALTH & ADDICTIVE DISORDERS**
3. The name of the entity to be used in Kentucky is (if applicable): **ARCHWAY INSTITUTE FOR ADDICTIVE DISEASES AND COEXISTING MENTAL HEALTH DISORDERS CORPORATION**
4. The state or country whose law the entity is organized is **Missouri**.
5. The date of organization is **3/22/2013** and the period of duration is **perpetual**.

7. Principal Office

11 Lockhaven Ct
Lake Saint Louis, MO 63367

8. Registered Agent/Office

Erin Fogarty
518 Foxwood Ct
Shelbyville, KY 40065

I, **Erin Fogarty**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Tuesday, February 28, 2023

As the Authorized Representative, I, **Emily Stuckey**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CEO**