

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
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 business entity is a **limited liability company**.
2. The name of the entity is: **COMMUNITY WORKFORCE SOLUTIONS, LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **8/2/2023** and the period of duration is **perpetual**.
This Filing is Effective on Tuesday, February 13, 2024
5. This entity is managed by Managers

6. Principal Office

12201 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299

7. Required Representatives

Manager	Mark Bush	12201 Bluegrass Parkway	Louisville	KY	40299
Manager	Nick Porter	12201 Bluegrass Parkway	Louisville	KY	40299

8. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Christa Day, Assistant Secretary**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, February 13, 2024

As the Authorized Representative, I, **Maria C. Doyle**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **General Counsel**