

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

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1387100.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
8/14/2024 12:00:00 AM  
Fee receipt: \$90

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 **limited liability company**.

2. The name of the entity is

**SHIFTABILITY LLC**

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

4. The date of organization is **1/27/2003** and the period of duration is **perpetual**.

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

**PO Box 21922, Cincinnati, OH 45229**

6. The name of the initial registered agent is

**Jessica Meyer**

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

**9955 Mardi Gras Way, Union, KY 41091**

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

**Member** Brian Hart 9955 Mardi Gras Way, Union, KY 41091

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

9. This filing will be effective on **Wednesday, August 14, 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 **Finance Manager:**  
**Jessica R Meyer**

I, **Jessica Meyer**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, August 14, 2024.