

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: **ELITE MEDICAL STAFFING LLC**
3. The state or country whose law the entity is organized is **Indiana**.
4. The date of organization is **8/30/2021** and the period of duration is **perpetual**.
5. This entity is managed by Members

6. Principal Office

Lexington 271 W. Short St Ste 410 #746
Lexington, KY 40507

7. Required Representatives

Member	Edwiena Noel	4310 Illinois Road Fort Wayne Suite 1510	IN	46804
Member	Jason Noel	4310 Illinois Road Fort Wayne Suite 1510	IN	46804

8. Registered Agent/Office

REPUBLIC REGISTERED AGENT LLC
271 W. Short St Ste 410
Lexington, KY 40507

I, **Edwiena Noel**, consent to sign for **REPUBLIC REGISTERED AGENT LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, January 4, 2024

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