

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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Frankfort, KY 40602-0718
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Certificate of Authority

RCA

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: Wellspring Nurse Source LLC
3. The name of the entity to be used in Kentucky is (if applicable): Wellspring Nurse Source LLC
4. It is an entity organized and existing under the laws of the state of Connecticut.
5. The date of organization is 12/3/2014 and the period of duration is perpetual

Principal Office

4 Research Dr Ste 402
Shelton, CT 06484

Registered Agent Name/Address

Northwest Registered Agent LLC
212 N. 2nd St, Ste 100
Richmond, KY 40475

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Taylor Newman on 6/20/2023
7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Northwest Registered Agent LLC on 6/20/2023