

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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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 **profit corporation**.
2. The name of the entity is: **VITAL HEALTHCARE STAFFING, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Nebraska**.
5. The date of organization is **11/18/2009** and the period of duration is **perpetual**.

7. Principal Office

6457 Frances St Suite 180
Omaha, NE 68106

8. Required Representatives

Director	Krystle Zecha	6457 Frances St Suite 180	Omaha	NE	68106
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9. Registered Agent/Office

Incorp
828 Lane Allen Rd STE 219
Lexington, KY 40504

I, **InCorp Services, Inc.**, consent to sign for **Incorp** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, May 4, 2023

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