

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1380928.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
7/23/2024 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

**Kaptive HR Solutions LLC**

3. The name of the entity to be used in Kentucky is

**Kaptive HR Solutions LLC**

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

5. The date of organization is **1/1/2020** and the period of duration is **perpetual**.

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

**943 Washington Ave Apt 2, Newport, KY 41071**

7. The name of the initial registered agent is

**Registered Agents Inc**

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

**212 N 2nd St Ste 100, Richmond, KY 40475**

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

<b>Registered Agent</b>	Registered Agents Inc	212 N 2nd St Ste 100, Richmond, KY 40475
<b>Authorized Rep</b>	Registered Agents Inc	212 N 2nd St Ste 100, Richmond, KY 40475
<b>Manager</b>	AARON CARTER III	943 Washington Ave Apt 2, Newport, KY 41071

9. This entity is managed by **Managers**.

10. This application will be effective on **Tuesday, July 23, 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 **Authorized Rep:**  
**David Roberts**

I, **David Roberts**, consent to sign for **Regis**  
who serves as the Registered Agent on behalf of  
Tuesday, July 23, 2024.

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