

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1447632.06
Michael G. Adams
Secretary of State
Received and Filed
4/16/2025 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

THP STAFFING LLC

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

4. The date of organization is **10/10/2024** and the period of duration is **perpetual**.

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

4520 Cooper Road, Ste 103, Cincinnati, OH 45242

6. The name of the initial registered agent is

Incorp Services, Inc.

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

828 Lane Allen Road, Ste. 219, Lexington, KY 40504

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

Manager	Therese Dean	4520 Cooper Road, Ste 103, Cincinnati, OH 45242
Organizer	Therese Dean	4520 Cooper Road, Ste 103, Cincinnati, OH 45242
Manager	Christie Wehde	4520 Cooper Road, Ste 103, Cincinnati, OH 45242
Organizer	Christie Wehde	4520 Cooper Road, Ste 103, Cincinnati, OH 45242

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

9. This filing will be effective on **Wednesday, April 16, 2025**.

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 **Manager: Therese Dean**

I, **Incorp Services, Inc.**, consent to sign for **Incorp Services, Inc.** who serves as the Registered Agent on behalf of this entity on

Wednesday, April 16, 2025.

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