

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 **profit corporation**.
2. The name of the entity is: **WORKPLACE INTEGRATION, INC.**
3. The state or country whose law the entity is organized is **Florida**.
4. The date of organization is **7/27/2017** and the period of duration is **perpetual**.

5. Principal Office

5129 West Rio Vista Ave
Tampa, FL 33634

6. Required Representatives

Officer	Kyle Doezenia	15413 Crystal Springs Way	Louisville	ky	40245
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7. Registered Agent/Office

Kyle Doezenia
15413 Crystal Springs Way
Louisville, KY 40245

I, **Kyle Doezenia**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Friday, December 8, 2023

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