

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: **4 STAFFING D.B.A. SYNERGY MEDICAL STAFFING**
3. The name of the entity to be used in Kentucky is (if applicable): **4 STAFFING D.B.A. SYNERGY MEDICAL STAFFING INC.**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **3/24/2008** and the period of duration is **perpetual**.

7. Principal Office

2829 Blue Springs Place
Wesley Chapel, FL 33544

8. Required Representatives

Director	Angela Petersen	2829 Blue Springs Wesley Chapel Place	FL	33544
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9. Registered Agent/Office

Registered Agents Inc
212 N. 2nd St
STE 100
Richmond, KY 40475

I, **Angela Petersen**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, June 30, 2023

As the Authorized Representative, I, **Angela Petersen**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Operations Director**