

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
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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: **WORX STAFFING GROUP 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 **North Carolina**.
5. The date of organization is **10/14/2019** and the period of duration is **perpetual**.

7. Principal Office

38 rosscraggon Rd, Suite O
Asheville, NC 28803

8. Required Representatives

Officer	Geoffrey S Williams	38 rosscraggon Rd, Suite O	Asheville	NC	28803
Officer	Gregory A Williams	38 rosscraggon Rd, Suite O	Asheville	NC	28803

9. Registered Agent/Office

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

I, **David Roberts, Assistant Secretary**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, April 5, 2023

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