



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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: ☒ profit corporation nonprofit corporation professional limited liability company
business trust limited liability company statutory trust
limited partnership ltd cooperative association public benefit corporation
non-profit llc professional service corporation other

2. The name of the entity is EvolveHR I, Inc.

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 08/31/2006 and the period of duration is _____
(If left blank, duration is considered perpetual.)

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

7234 W North Ave, Ste 208 PMB 162

<u>Chicago</u>	<u>IL</u>	<u>60707</u>
City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is

306 W. Main Street, Suite 512

<u>Frankfort</u>	<u>KY</u>	<u>40601</u>
City	State	Zip Code

Street Address (No P.O. Box Numbers)

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

<u>Salo Doko</u>	<u>7234 W N Ave, Ste 208 PMB 162</u>	<u>Chicago</u>	<u>IL</u>	<u>60707</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Brenda Rowan</u>	<u>7234 W N Ave, Ste 208 PMB 162</u>	<u>Chicago</u>	<u>IL</u>	<u>60707</u>
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

Salo Doko

<u>Salo Doko, President and CEO</u>	<u>9/14/2023</u>
Signature of Authorized Representative	Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

By: *Christine Kelm*

<u>Christine Kelm</u>	<u>9/14/2023</u>
Signature of Registered Agent	Printed Name Title Date