

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 **limited liability company**.
2. The name of the entity is: **HS PAYROLL AND BENEFITS, LLC**
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 **Tennessee**.
5. The date of organization is **2/24/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

5828 Shelby Oaks Drive
Memphis, TN 38134

8. Required Representatives

Member	Brad Turner	5828 Shelby Oaks Memphis Drive	TN	38134
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9. Registered Agent/Office

Registered Agent Solutions, Inc.
828 Lane Allen Road, Suite 219
Lexington, KY 40504

I, **Registered Agent Solutions, Inc.**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, April 11, 2023

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