

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: **GIG WORKER SOLUTIONS PEO 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 **Florida**.
5. The date of organization is **2/13/2013** and the period of duration is **perpetual**.

7. Principal Office

3909 W Inman Ave
Tampa, FL 33609

8. Required Representatives

Officer	Don Tu	3909 W Inman Ave Tampa	FL	33609
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9. Registered Agent/Office

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

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.

on Tuesday, February 28, 2023

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