

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

1384979.06

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Michael G. Adams **Kentucky Secretary of State**

Received and Filed: 8/7/2024 11:14 AM Fee Receipt: \$90.00

Division of Business Filings	
P.O. Box 718	
Frankfort, KY 40602	
(502) 564-3490	
www.sos.ky.gov	

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreigr	Business Entity)			
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the follow		applies for authority to transact l	business in Kentucky	on behalf of the entity named below	
				limite at the billion of the common of the c	
1. The entity is a: profit corpora		nprofit corporation	professional limited liability company		
business trus		ited liability company	statutory trus		
limited partnership		d cooperative association public benefit corporation		corporation	
non-profit llc	·	fessional service corporation	L other		
2. The name of the entity is Higginbot	ham Payroll Services, L	.LC			
(The r	name must be identical to the	e name on record with the Sec	retary of State.)		
3. The name of the entity to be used in I	Kentucky is (if applicable):			·	
		Only provide if "real name" is u	unavailable for use;	otherwise, leave blank.)	
4. The state or country under whose law				.	
5. The date of organization is $06/06/20$)24	and the period of duration		ion is a maidemed mannetual.	
6. The mailing address of the entity's pr	ncinal office is		(if left blank, durat	ion is considered perpetual.)	
500 W 13th Street	noipai omoc is	Fort Worth	Texas	76102	
Street Address		City	State	Zip Code	
7. The street address of the entity's regited 421 West Main Street	stered office in Kentucky is	Frankfort	107	40601	
Street Address (No P.O. Box Numbers	1)	City	KYSt	tate Zip Code	
and the name of the registered agent at 8. The names and business addresses James R. Reid			managers, trustees	or general partners): 76102	
Name	Street or P.O. Box	City	State	Zip Code	
James A. Krause	500 W 13th Street	Fort Worth	Texas	76102	
Name	Street or P.O. Box	City	State	Zip Code	
		•		·	
Name	Street or P.O. Box	City	State	Zip Code	
If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of the U				
10. I certify that, as of the date of filing the	is application, the above-nam	ned entity validly exists under the	laws of the jurisdiction	n of its formation.	
11. If a limited partnership, it elects to be	a limited liability limited partr	ership. Check the box if applica	ble:		
12. If a limited liability company, check	box if manager-managed:				
13. This application will be effective upon	n filing.				
Da. DD		Iomos B. Boid, CEO 9 F	Procident 07	7/40/2024	
Rignature of Authorized Physicsentative		James R. Reid, CEO & F Printed Name & Title	resident 07	7/10/2024	
Signature of Authorized Representative		rimed Name & Title		Date	
I, Corporation Service Company		, consent to serve as the regi	stered agent on beha	If of the business entity.	

Corporation Service Company

Printed Name Eddy Rodriguez

Assistant Secretary

Title

08/06/24

Date

Signature of Registered Agent

FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

NUMBER OF CODIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.