

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

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1372486.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
6/17/2024 12:00:00 AM  
Fee receipt: \$90

Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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<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 entity is a **limited liability company**.

2. The name of the entity is

**EDGEMONT HEALTHCARE STAFFING, LLC**

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

4. The date of organization is **5/31/2023** and the period of duration is **perpetual**.

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

**FIVE GREENTREE CENTRE 525 ROUTE 73 NORTH STE 104, MARLTON, NJ 08053**

6. The name of the initial registered agent is

**Registered Agents Inc**

and the street address of the entity's initial registered office in Kentucky is

**212 N. 2nd St. STE 100, Richmond, KY 40475**

7. The names and business addresses of the entity's representatives:

**Member** Michelle Speed 20000 NE 15th Court, Miami, FL 33179

8. This entity is managed by **Members**.

9. This application will be effective on **Monday, June 17, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Signer:**  
**Robin Jones**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Monday, June 17, 2024.