

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

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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**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  
**CURAMED STAFFING, LLC**
  3. The state or country under whose law the entity is organized is **Florida**.
  4. The date of organization is **4/26/2024** and the period of duration is **perpetual**.
  5. The mailing address of the entity's principal office is  
**210 S Pinellas Ave Ste 205, Tarpon Springs, FL 34655**
  6. The street address of the entity's registered office in Kentucky is  
**212 N 2nd St; ste 100, Richmond, KY 40475**
- and the name of the registered agent at that office is **Registered Agents Inc.**
7. This entity is managed by **Members**.
  8. This application will be effective on **Friday, April 26, 2024**.

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

I, **Shannon Sutton**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this limited liability company company.