

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

1250291.09

Kentucky Secretary of State Received and Filed:

Michael G. Adams

tsemones ADD

				1/3/2023 3:07 PM	
Division of Business Filings	Certificate of Auth	nority		Fee Receipt: \$90.00	
P.O. Box 718 Frankfort, KY 40602	(Foreign Business Enti		-		
(502) 564-3490	(-37			
www.sos.ky.gov					
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,			hereby applies for a	uthority to transact business in	I Kentucky
1. The entity is a : I profit corpora	tion (KRS 271B) D nonpro	fit corporation (KRS 273)		onal service corporation (KRS 2	74)
business trus		liability company (KRS 273)		onal limited liability company (Ki	-
		• • • •		• • • •	RS 275)
		perative assn. (KRS)	statutory		
non-profit llc (, , , ,	ative assn. (KRS)	unincorp	orated association	
2. The name of the entity is ISL Emplo	oyees, Inc.	·····			·
	ne must be identical to the name on	-	f State.)		
3. The name of the entity to be used in ${\bf k}$	Kentucky is (if applicable): <u>ISL E</u> l	mployees, Inc.			
	• •	y provide if "real name" is u	navailable for use; oth	ierwise, leave blank.)	
4. The state or country under whose law			· · · · · · · · · · · · · · · · · · ·		•
5. The date of organization is <u>9/16/200</u>	2	and the period of dur		ation is considered perpetual.)	·
6. The mailing address of the entity's pri	ncipal office is		(ii leit blank, dura	ition is considered perpetual.)	
2333 State Street #300		Carlsbad	CA	92008	
Street Address		City	State	Zip Code	·
7. The street address of the entity's regi	stered office in Kentucky is				
421 W Main Street	,,,,,,,	Frankfort	KY	40601	
Street Address (No P.O. Box Numbers)		City	State	Zip Code	·
and the name of the registered agent at	hat office is Corporation Servi	ce Company			
			4		
8. The names and business addresses of	or the entity's representatives (see	cretary, oncers and directo	ors, managers, truste	ses of general partners).	
Sue Farrow	2333 State Street #300	Carlsbad	CA	92008	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, all the indi					d in one or
more states or territories of the United States or D				•	
10. I certify that, as of the date of filing th				ction of its formation.	
11. If a limited partnership, it elects to be					
 12. If a limited liability company, check 13. This application will be effective upor 			ad		
The effective date or the delayed effective				is	
	-		-		
Please indicate the Kentucky county in wh County: Fayette	lich your business operates:				
		ing places shade the bay so	malatali		
		ing, please shade the box co			
Please indicate the size of your business: Small (Fewer than 50 employees)	Women-Owned		Minority Owned	ercent (50%) of your business owr	nersnip:
✓ Large (50 or more employees)	Women-Owned		winonty owned		
Please indicate which of the following bes	t describes your husiness:				
	-		1		
Wholesale Trade	·		' Jrance, Real Estate		
	ortation, Communications, Electric,		· · · · , · · · · · · · · · · ·		
Sue fairou	S	Sue Farrow, Manager		12/30/2022	
Signature of Authorized Representative		Printed Name & Titl	e	Date	
I. Corporation Service Company				behalf of the business entity.	
Type/Print Name of Registered Agent		,		-	
By: Jawann Latney	Corporatio	n Service Company	_Assistant Se	ecretary01/03/	/2023
Signature of Registered Agent	Printed Name		Title	Date	