

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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4/6/2023 12:00:45 PM

Fee receipt: \$90.00

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 **limited liability company**.
2. The name of the entity is: **JIT STAFFING LLC**
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 **Texas**.
5. The date of organization is **1/1/2014** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

212 North 2nd Street  
Suite 100  
Richmond, KY 40475

**8. Required Representatives**

<b>Manager</b>	Robert Lloyd Eskridge	1609 Wildwood Dr Round Rock	TX	78681
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**9. Registered Agent/Office**

Northwest Registered Agent, LLC  
212 North 2nd Street  
Suite 100  
Richmond, KY 40475

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent, LLC** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, April 6, 2023

As the Authorized Representative, I, **Robert L Eskridge**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**