Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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 entity is a **profit corporation**.

2. The name of the entity is

GANTREX, INC.

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

4. The date of organization is **11/8/2007** and the period of duration is **perpetual**.

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

6000 TOWN CENTER BLVD., STE. 240, CANONSBURGH, PA 15317

6. The name of the initial registered agent is

Registered Agent Solutions, Inc.

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

828 Lane Allen Road Suite 219, Lexington, KY 40504

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

Officer	MARK VEYDT	6000 TOWN CENTER BLVD., STE. 240, CANONSBURGH, PA 15317
Secretary	MAARTEN IMPENS	6000 TOWN CENTER BLVD., STE. 240, CANONSBURGH, PA 15317
Officer	EDWARD RAMSEY	6000 TOWN CENTER BLVD., STE. 240, CANONSBURGH, PA 15317
Officer	XAVIER DEEDENE	6000 TOWN CENTER BLVD., STE. 240, CANONSBURGH, PA 15317

8. This application will be effective on **Wednesday, May 29, 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 **President: EDWARD RAMSEY**

I, **Registered Agent Solutions, Inc.**, conse...
Registered Agent Solutions, Inc. who se...
Agent on behalf of this entity on Wednesday,