



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes
Kentucky Secretary of State
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Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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 (KRS 271B). ☐ nonprofit corporation (KRS 273). ☐ professional service corporation (KRS 274).
☐ business trust (KRS 386). ☐ limited liability company (KRS 275). ☐ professional limited liability company (KRS 275).
☐ limited partnership (KRS 362).

2. The name of the entity is Adair & Company, Inc.

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): Adair Midwest, Inc.

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Michigan

5. The date of organization is 1-13-1998

and the period of duration is _____

(If left blank, the period of duration
is considered perpetual.)

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

301 Williamston Center Road Suite 600

Williamston

Michigan

48895

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is

312 McCreedy Avenue

Louisville

Kentucky

40206

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is Linda Bennett

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Shawn Adair

301 Williamston Ctr Rd Ste 600 Williamston

MI

48895

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 individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

(Delayed effective date and/or time)

Signature of Authorized Representative

Shawn Adair / President

Printed Name & Title

Date

8-11-2014

I, Linda Bennett

Type/Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the business entity.

Signature of Registered Agent

Linda Bennett

Printed Name

Sales

Title

8-12-2014

Date

(01/12)