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**

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

### **AIR RELIEF HOLDINGS LLC**

3. The name of the entity to be used in Kentucky is

### **AIR RELIEF HOLDINGS LLC**

- 4. The state or country under whose law the entity is organized is Delaware.
- 5. The date of organization is 4/7/2015 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

# 32 E Powell Rd, Mayfield, KY 42066

7. The name of the initial registered agent is

# **CT CORPORATION SYSTEM**

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

#### 306 W Main St Ste 512, Frankfort, KY 40601

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

Registered Agent	CT CORPORATION SYSTEM	306 W Main St Ste 512, Frankfort, KY 40601
Authorized Rep	FLOW CONTROL GROUP	3915 Shopton Rd # 101, Charlotte, NC 28217

9. This entity is managed by **Members**.

10. This application will be effective on Monday, July 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 **Authorized Rep: Dominique Restucci** 

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1382307.06 Michael G. Adams

Secretary of State Received and Filed

Fee receipt: \$90

7/29/2024 12:00:00 AM

FBE

I, **CT CORPORATION**, consent to sign for **O SYSTEM** who serves as the Registered Age entity on Monday, July 29, 2024. 1382307.06 Michael G. Adams Secretary of State Received and Filed 7/29/2024 12:00:00 AM Fee receipt: \$90

