

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1255209
Michael G. Adams
KY Secretary of State
Received and Filed

1/23/2023 5:19:10 PM

Fee receipt: \$90.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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<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 **profit corporation**.
2. The name of the entity is: **MAXXON CORPORATION**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Minnesota**.
5. The date of organization is **3/1/1977** and the period of duration is **perpetual**.

7. Principal Office

920 Hamel Rd
Hamel, MN 55340

8. Required Representatives

Director	Michael Berry	920 Hamel Rd	Hamel	MN	55340
Secretary	Michael Berry	920 Hamel Rd	Hamel	MN	55340
Director	Ron Pieper	920 Hamel Rd	Hamel	MN	55340
Officer	Michael Berry	920 Hamel Rd	Hamel	MN	55340
Officer	Ron Pieper	920 Hamel Rd	Hamel	MN	55340

9. Registered Agent/Office

C T Corporation System
306 West Main St, Suite 512
Frankfort, KY 40601

I, **C T Corporation Systems**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, January 23, 2023

As the Authorized Representative, I, **Michael Berry**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Director**