

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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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: **SKYLINER, 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 **Delaware**.
5. The date of organization is **12/24/1997** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

1627 State Rte 3543  
Hawesville, KY 42348

**8. Required Representatives**

<b>Manager</b>	John DeZee	One South Wacker Drive, Suite 1000	Chicago	IL	60606
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**9. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Katherine Carney**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Sunday, August 13, 2023

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