

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

1396011.09 P101  
Michael G. Adams  
Secretary of State  
Received and Filed  
10/1/2024 12:00:00 AM  
Fee receipt: \$90

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

**Lyons View Manufacturer & Supply IL**

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

**Lyons View Manufacturer & Supply, Inc.**

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

5. The date of organization is **2/13/2008** and the period of duration is **perpetual**.

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

**401 S Carlton Ave, Wheaton, IL 60187**

7. The name of the initial registered agent is

**Lyons View Manufacturer & Supply, Inc**

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

**501 High St # 67, Frankfort, KY 40601**

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

**Registered Agent** Lyons View Manufacturer & 501 High St # 67, Frankfort, KY 40601  
Supply, Inc

**President** Lyons View Manufacturer & 401 S Carlton Ave, Wheaton, IL 60187  
Supply, Inc

**Authorized Rep** Lyons View Manufacturer & 401 S Carlton Ave, Wheaton, IL 60187  
Supply, Inc

9. This filing will be effective on **Tuesday, October 1, 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: Walt Claus**

I, **Samantha Arroyo**, consent to sign for **Lyc  
Manufacturer & Supply, Inc** who serves as  
on behalf of this entity on Wednesday, Septe

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