

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1372613.06
Michael G. Adams
Secretary of State
Received and Filed
6/18/2024 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 **limited liability company**.

2. The name of the entity is

VENTCON LLC

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

4. The date of organization is **3/17/1970** and the period of duration is **perpetual**.

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

500 enterprise dr, allen park, MI 48101

6. The name of the initial registered agent is

InCorp Services, Inc.

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

828 Lane Allen Rd, Ste 219, Lexington, KY 40504

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

Manager	Scott Michael Smith	500 enterprise dr, allen park, MI 48101
Organizer	Scott Michael Smith	500 enterprise dr, allen park, MI 48101
Manager	Todd w Hill	500 enterprise dr, allen park, MI 48101
Organizer	Todd w Hill	500 enterprise dr, allen park, MI 48101
Manager	Robert Kaiser	500 enterprise dr, allen park, MI 48101
Organizer	Robert Kaiser	500 enterprise dr, allen park, MI 48101

8. This entity is managed by **Managers**.

9. This application will be effective on **Tuesday, June 18, 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 **Executive Vice President: Scott Michael Smith**

I, **InCorp Services, Inc.**, consent to sign for
Inc. who serves as the Registered Agent on
Tuesday, June 18, 2024.

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