



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the foreign entity named below and, for that purpose, submits the following statements:

1. The entity is a: ☐ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☒ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the foreign entity is HARBOR FREIGHT TOOLS CORPORATE, LLC
(The name must be identical to the name on record in the state or country where the foreign entity was formed.)

3. The name of the foreign entity to be used in Kentucky is (if applicable): _____
(Only provide if name on line 2 is unacceptable for use; otherwise, leave blank.)

4. The state or country under whose law the foreign entity is organized is Delaware

5. The date of organization is 8/1/2024 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the foreign entity's principal office is
26677 Agoura Road Calabasas CA 91302
Street Address City State Zip Code

7. The street address of the foreign entity's registered office in Kentucky is
101 North Seventh Street Louisville KY 40202
Street Address City State Zip Code

and the name of the registered agent at that office is Corporate Creations Network Inc.

8. The names and business addresses of the foreign entity's representatives (e.g., secretary, officers and directors, managers, trustees, or general partners):

Harbor Freight Tools USA, Inc. - Member	26677 Agoura Road	Calabasas	CA	91302
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code


9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named foreign entity validly exists under the laws of the jurisdiction of its formation.

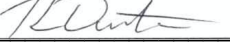
11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

 Saray Djidji, Special Manager 12/23/2024
Signature of Authorized Representative Printed Name & Title Date

I, Corporate Creations Network Inc., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

	Kevin Duteau	Special Secretary	12/23/2024
Signature of Registered Agent	Printed Name	Title	Date