

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

1215914.06

dwilliams ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/22/2022 12:24 PM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Author (Foreign Business Entity)	ity		FBE
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,	and KRS 271B, 273, 274,275, 362 and for that purpose, submits the followin	386 the undersigned he g statements:	ereby applies for authorit	ty to transact business in Kentuck
business trust (KRS 386). Iimited liabil limited partnership (KRS 362).		orporation (KRS 273) ity company (KRS 275) ive assn. (KRS) assn. (KRS)	professional lim	rvice corporation (KRS 274) nited liability company (KRS 275) association
3. The name of the entity to be used in k		rd with the Secretary of St	tate.)	
4. The state or country under whose law	(Only prov	vide if "real name" is unav	vailable for use; otherwise	, leave blank.)
5. The date of organization is <u>06/23/196</u>		and the period of duration	on ie	
6. The mailing address of the entity's prin		and the period of duration	(If left blank, duration is	considered perpetual.)
3721 Cohen Place	ncipal office is	Lynchburg	VA	24501
Street Address		City	State	Zip Code
7. The street address of the entity's regis	stered office in Kentucky is			
421 West Main Street	(92)	Frankfort	KY	40601
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at t	hat office is <u>Corporation Service C</u>	ompany		
8. The names and business addresses of	of the entity's representatives (secretar	y, officers and directors,	managers, trustees or o	general partners):
ONE CONTROL WINDOWS (NO.	1425 North Service Rd. E., Unit 3			
	Street or P.O. Box	Oakville, ON City	CANADA State	L6H 1A7 Zip Code
	900 Riverside Drive	Ashville	NC	28804
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
If a professional service corporation, all the individual more states or territories of the United States or District.	ridual shareholders, not less than one half (1/2)	of the directors, and all of the	·	2
The state of the s	strot of coldition to reflue a professional serv	ice described in the statement	of purposes of the corporation	n .
10. I certify that, as of the date of filing this	s application, the above-named entity	validly exists under the I	laws of the jurisdiction of	its formation.
 If a limited partnership, it elects to be If a limited liability company, check l 	how if manager manager. (Check the box if applicat	ole: 🔲	
13. This application will be effective upon The effective date or the delayed effective	filing, unless a delayed effective date	and/or time is provided. application is filed. The o	date and/or time is	
Please indicate the Kentucky county in white County:	ch your business operates:			
county.	To complete the following, pla	ease shade the box compl	etelv.	
Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees)	Please indicate whether any	of the following make up		50%) of your business ownership:
Please indicate which of the following best	describes your business:			
Agriculture Mining	Services	Construction		
Wholesale Trade Retail Tr		Finance, Insurance	ce. Real Estate	
Public Administration Transpo	ortation, Communications, Electric, Gas, Sa	anitary Services	o, nour zotato	
	1			, ,
Ut Scen	Willian	n H. Beard		6/14/2022
Signature of Authorized Representative Corporation Service Company		Printed Name & Title		Date
Type/Print Name of Registered Agent	, cons	ent to serve as the regis	tered agent on behalf of	the business entity.
By: Via aleth Ki	Corporation Ser	vice Company AS	SISTANT SECRE	ETARY 06/21/2022
Signature of Regustered Agent	Printed Name		itle	Date