# Commonwealth of Kentucky Michael G. Adams, Secretary of State

1375715.06 Michael G. Adams Secretary of State Received and Filed 7/1/2024 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** 

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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

### **PCD America LLC**

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

#### PCD America LLC

- 4. The state or country under whose law the entity is organized is Indiana.
- 5. The date of organization is 12/1/2023 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

# 1800 Acorn Ln, Lagrange, KY 40031

7. The name of the initial registered agent is

## **PCD America**

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

#### 1800 Acorn Ln, Lagrange, KY 40031

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

Registered Agent	PCD America	1800 Acorn Ln, Lagrange, KY 40031	
Authorized Rep	PCD America	1800 Acorn Ln, Lagrange, KY 40031	
Authorized Rep	Duncan Bassett	1800 Acorn Ln, La Grange, KY 40031	

- 9. This entity is managed by **Members**.
- 10. This application will be effective on **Monday**, **July 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**:

**Duncan Bassett** 

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I, **Duncan Bassett**, consent to sign for **PCD** as the Registered Agent on behalf of this ent 2024.

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