



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
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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)

FBE

Pursuant to the provisions of KRS 14A - 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
[] business trust
[] limited partnership
[] non-profit llc
[] nonprofit corporation
[] limited liability company
[] ltd cooperative association
[] professional service corporation
[] professional limited liability company
[] statutory trust
[] other

2. The name of the entity is Kasle Steel LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): Kasle Steel LLC
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is March 31, 2010 and the period of duration is perpetual
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
700 N. Hurstbourne Parkway, Suite 400 Louisville Kentucky 40222
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
421 West Main Street Frankfort Kentucky 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Corporation Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):
Table with columns: Name, Street or P.O. Box, City, State, Zip Code. Rows include Michelle M. Harper, Secretary and B. Thad Solomon, President.

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 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: [x]

13. This application will be effective upon filing.

Signature of Authorized Representative: Michelle M. Harper
Printed Name & Title: Michelle M. Harper, Manager / Secretary
Date: Oct 28, 2022

I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent: Judith Reyes
Signature of Registered Agent: Judith Reyes
Printed Name: Judith Reyes
Title: Assistant Secretary
Date: Nov.29, 2022