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Michael G. Adams  
 Kentucky Secretary of State  
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COMMONWEALTH OF KENTUCKY  
 MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://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 ☐ 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 entity is Silva International, Inc.

(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):

(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 Illinois

5. The date of organization is August 6, 1979

and the period of duration is

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
523 N. Ash Street, Mornence, IL 60954

Street Address	City	State	Zip Code
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7. The street address of the entity's registered office in Kentucky is  
828 Lane Allen Road, Suite 219, Lexington, KY 40504

Street Address (No P.O. Box Numbers)	City	State	Zip Code
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and the name of the registered agent at that office is Capitol Corporate Services, Inc.

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

PLEASE SEE ATTACHED

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 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.

Preston D. Wigner, Secretary

04/01/2022

Signature of Authorized Representative

Printed Name & Title

Date

I, Capitol Corporate Services, Inc.

consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

Krista Abair

Asst. Secretary on behalf of

Capitol Corporate Services, Inc. 04/01/2022

Signature of Registered Agent

Printed Name

Title

Date

**Silva International, Inc.**

**Officers & Directors**

Certificate of Authority

Item #8

Kent DeVries  
523 N. Ash Street  
Mokena, IL 60954

President

Timothy A. Niehof  
523 N. Ash Street  
Mokena, IL 60954

Chief Financial Officer

Preston D. Wigner  
PO Box 25099  
Richmond, VA 23260

Secretary & Director

George C. Freeman, III  
PO Box 25099  
Richmond, VA 23260

Director

Catherine H. Claiborne  
PO Box 25099  
Richmond, VA 23260

Director

Johan C. Kroner  
PO Box 25099  
Richmond, VA 23260

Director

J. Patrick O'Keefe  
PO Box 25099  
Richmond, VA 23260

Director