



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 10/10/2022 1:28 PM
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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 and KRS 271B, 273, 274, 275, 362 and 386 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 (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)
☐ business trust (KRS 386). ☐ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS) ☐ unincorporated association

2. The name of the entity is Tolmar, 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 Delaware

5. The date of organization is December 1, 2006 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
701 Centre Avenue Fort Collins CO 80526
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
421 West Main Street Frankfort KY 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):

See attached.

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, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

Please indicate the Kentucky county in which your business operates: County: <u>Madison</u>	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input checked="" type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Mining <input type="checkbox"/> Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Public Administration <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Other	

Jeff Lederman Jeff Lederman, Secretary 10/6/2022 | 12:11 PM
 Signature of Authorized Representative Printed Name & Title Date
 I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.
 Type/Print Name of Registered Agent
 By: Corporation Service Company
 Signature of Registered Agent Printed Name Title Date

Attachment to Certificate of Authority

Tolmar, Inc.

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

<u>Name</u>	<u>Position</u>	<u>Address</u>
Anil D'Souza	Chief Executive Officer / Chair of the Board / Director	485 Half Day Road, Suite 400 Buffalo Grove, IL 60089
Shawn Silvestri	Chief Operating Officer / President / Director	701 Centre Avenue Fort Collins, CO 80526
Jeff Lederman	Chief Financial Officer / Secretary / Director	701 Centre Avenue Fort Collins, CO 80526
Michael Elm	Senior Vice President / Chief Legal Officer	701 Centre Avenue Fort Collins, CO 80526
Amichai Treves	Senior Vice President	485 Half Day Road, Suite 400 Buffalo Grove, IL 60089
Chris Masterson	Senior Vice President / Chief Quality Officer	701 Centre Avenue Fort Collins, CO 80526
Robyn Vilkaitis	Senior Vice President	701 Centre Avenue Fort Collins, CO 80526
Joseph Ippolito	Senior Vice President	701 Centre Avenue Fort Collins, CO 80526



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Statement of Consent of Registered Agent
(Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is ☒ a corporation (KRS 271B, KRS 273 or KRS 274)
☐ a limited liability company (KRS 275)
☐ a limited partnership (KRS 362)
☐ a limited liability partnership (KRS 362)
☐ a business trust (KRS 386)
2. The name of the business entity is Tolmar, Inc.
3. The state or country of incorporation, organization or formation is Delaware
4. The name of the initial registered agent is Corporation Service Company
5. The street address of the registered office address in Kentucky is:

<u>421 West Main Street</u>	<u>Frankfort</u>	<u>KY</u>	<u>40601</u>
Street Address (No Post Office Box Number)	City	State	Zip Code
6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is _____.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Corporation Service Company		
By: <u><i>Terri Barry</i></u>	<u>Terri Barry</u>	<u>Assistant Secretary</u>
Signature of Registered Agent	Printed Name	Title