



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
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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 ☐ nonprofit corporation ☐ professional limited liability company
business trust limited liability company statutory trust
limited partnership ltd cooperative association public benefit corporation
non-profit llc professional service corporation other
2. The name of the entity is The Sand County Foundation, 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 Wisconsin
5. The date of organization is 09/08/1965 and the period of duration is _____
(If left blank, duration is considered perpetual.)
6. The mailing address of the entity's principal office is
44 East Mifflin Street, Suite 1005 Madison WI 53703
Street Address City State Zip Code
7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512 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 C T Corporation System
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 |
|------|--------------------|------|-------|----------|
| 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.

	CHRISTINE KLEM, ASSISTANT SECRETARY	06/28/2023
Signature of Authorized Representative	Printed Name & Title	Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: C T Corporation System	SEAN L. EMERICK	ASSISTANT SECRETARY	06/28/2023
Signature of Registered Agent	Printed Name	Title	Date

Attachment for Officers's and Director's: The Sand County Foundation, Inc.

Address for Officer's and Director's	44 East Mifflin Street, Suite 1005, Madison, WI 53703
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Name	Title
Kevin McAleese	President/CEO
HOMER BUELL	Treasurer/CFO
NANCY DELONG	Secretary
Lynne Sherrod	Chairman of the Board
DAVID J. HANSON	Director
NANCY DELONG	Director
HOMER BUELL	Director
DICK CATES, PH.D.	Director
JOHN DUNCAN	Director
BRENT HAGLUND PH.D	Director
KEVIN MCALEESE	Director