

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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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

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 business entity is a **profit corporation**.
2. The name of the entity is: **BERWALD ROOFING COMPANY INC**
3. The name of the entity to be used in Kentucky is (if applicable): **BERWALD ROOFING CORPORATION**
4. The state or country whose law the entity is organized is **Minnesota**.
5. The date of organization is **8/26/2065** and the period of duration is **perpetual**.  
This Filing is Effective on Thursday, February 15, 2024

**6. Principal Office**

2440 CHARLES ST N  
North Saint Paul, MN 55109

**7. Required Representatives**

<b>Secretary</b>	WILLIAM BERWALD	2440 CHARLES ST N	North Saint Paul	MN	55109
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**8. Registered Agent/Office**

REGISTERED AGENTS INC  
212 N 2ND ST, STE 100  
NEW RICHMOND, KY 40475

I, **DAVID ROBERTS**, consent to sign for **REGISTERED AGENTS INC** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, February 15, 2024

As the Authorized Representative, I, **WILLIAM BERWALD**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **president**