

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1403518.09
Michael G. Adams
Secretary of State
Received and Filed
10/23/2024 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
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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 entity is a **profit corporation**.

2. The name of the entity is

SafetyVue

3. The name of the entity to be used in Kentucky is

SAFETYVUE, INC.

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

5. The date of organization is **8/9/2024** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

628 Windbrook Drive, Elizabethtown, KY 42701

7. The name of the initial registered agent is

Tim Wolter

and the street address of the entity's initial registered office in Kentucky is

628 Windbrook Drive, Elizabethtown, KY 42701

8. The names and business addresses of the entity's representatives:

Director Tim Wolter 628 Windbrook Drive, Elizabethtown, KY 42701

9. This filing will be effective on **Wednesday, October 23, 2024**.

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

Signature of individual signing on behalf of **Director: Tim Wolter**

I, **Tim Wolter**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, October 23, 2024.