

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
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<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: **TMC USA SOUTH-EAST INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **9/2/2023** and the period of duration is **perpetual**.

7. Principal Office

228 E. 45TH. ST. STE. 9E
New York , NY 10017

8. Required Representatives

Director	Fernando Tomas Ledesma Sanchez- Canete	228 E 45TH ST. STE. 9E	New York	NY	10017
Secretary	Jacob Willemsen	228 E 45TH ST. STE. 9E	New York	NY	10017
Officer	Ihsan Surmeli	228 E 45TH ST. STE. 9E	New York	NY	10017
Secretary	Kirke Marsh	228 E 45TH ST. STE. 9E	New York	NY	10017

9. Registered Agent/Office

Northwest Registered Agent, LLC
212 N. 2nd St. STE 100
Richmond, KY 40475

I, **Tom Glove** , consent to sign for **Northwest Registered Agent, LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, September 8, 2023

As the Authorized Representative, I, **Kirke Marsh** , declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Assistant Secretary**