



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 10/20/2023 2:22 PM
 Fee Receipt: \$90.00

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 ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is E3 OMI LLC

(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 Mississippi

5. The date of organization is 09/22/2022 and the period of duration is _____

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
PO Box 1300

ClintonMS39060**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

FrankfortKY40601**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):

James Thomas Newman, Manager 1004 Industrial Park Drive

ClintonMS39056**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**

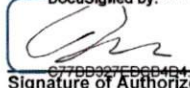
9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional 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.


 Signature of Authorized Representative

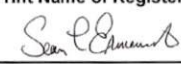
J. T. Newman, President, Hopewell LLC

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: 
 Signature of Registered Agent

SEAN L. EMERICK**Printed Name**ASSISTANT SECRETARY**Title**10/12/2023**Date**



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

E3 OMI, LLC

Registered the 22nd day of September, 2022

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1004 Industrial Park Drive
Clinton, MS 39056

And that the registered agent at that address is:

James Thomas Newman

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 19th day of October, 2023

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN23174906

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>