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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/24/2023 8:21 AM Fee Receipt: \$90.00

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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 beh and, for that purpose, submits the following statements:					alf of the entity named below
1. The entity is a: X profit	corporation	oration nonprofit corporation		sional limited I	iability company
	ess trust	limited liability compa	iny statute	ory trust	
limited	d partnership	Itd cooperative association		benefit corpor	ation
	rofit IIc	professional service corporation other			
2. The name of the entity is \underline{Micl}	hels Underground Cable	, Inc.	denith the Connetone of Stat	-)	
	NAMES AND CASE OF AN ADDRESS AND		d with the Secretary of State	e.)	
3. The name of the entity to be u	sed in Kentucky is (if applic	able):(Only provide if "	real name" is unavailable fo	or use; otherw	ise, leave blank.)
4. The state or country under wh	ose law the entity is organiz			,	
5. The date of organization is 10	/9/2023		period of duration is		;
6. The mailing address of the en	tity's principal office is		(If left blank	, duration is c	onsidered perpetual.)
817 Main Street	itty's principal onice is	Brown	sville WI		53006
Street Address		City	State)	Zip Code
7. The street address of the entit 306 W. Main Street, Suite 51		tucky is Frankf	°ort KY		40601
Street Address (No P.O. Box N			City	State	Zip Code
and the name of the registered ag	gent at that office is CTC	Corporation System			
8. The names and business add			s and directors managers, tru	ustees or gene	ral partners):
Patrick Michels/President Name	817 Main Street Street or P.O. Box	Brown City	nsville WI State	-	53006 Zip Code
Arthur David Stegeman/Secu			nsville WI	, ,	53006
Name	Street or P.O. Box	City	State	9	Zip Code
Jason Kozelek/Director	817 Main Street		nsville <u>WI</u>		53006
Name	Street or P.O. Box	City	State	9	Zip Code
 9. If a professional service corporand treasurer are licensed in one statement of purposes of the corporation. 10. I certify that, as of the date of the service of the service	e or more states or territorie: poration.	s of the United States or Dis	trict of Columbia to render a	professional se	rvice described in the
11. If a limited partnership, it elec					
12. If a limited liability company					
13. This application will be effect	ive upon filing.				
/S/ Patrick Michels		Patrick Miche	els/President	10/17/20	23
Signature of Authorized Represent	ative	Printer	d Name & Title		Date
I, <u>C T Corporation System</u> Type/Print Name of Registered A <u>C T Corporation S</u>	(' c	PQ. A	erve as the registered agent o		
By:	Ilan		L. EMERICK, ASSISTANT SECF	RETARY	<u>10/17/2023</u>
Signature of Registered Agent		Printed Name	Title		Date