## 1316822.09



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
<ol> <li>9. If a professional service corporand treasurer are licensed in one statement of purposes of the corporation.</li> <li>10. I certify that, as of the date of the service of the service</li></ol>	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