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Kentucky Secretary of State Received and Filed:

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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 - and, for that purpose, submits the followi	- 030 the undersigned hereby a ng statements:	oplies for authority to transac	t business in Kentucky on b	ehalf of the entity named below
1. The entity is a: profit corpora business trus limited partne non-profit lic	t limited rship ltd co profes	ofit corporation d liability company operative association ssional service corporation	professional limiter statutory trust public benefit corp other	
2. The name of the entity is Forest Electric Corp. (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); Forest Electric Corp. (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 New			· · · · · · · · · · · · · · · · · · ·
5. The date of organization is <u>March 14, 1978</u> and the period of duration is (If left blank, duration is considered perpetual.)				
6. The mailing address of the entity's pri	ncipal office is		(If left blank, duration is	considered perpetual.)
1375 Broadway		New York	NY	10018
Street Address		City	State	Zip Code
 The street address of the entity's regi 421 West Main Street 	stered office in Kentucky is	Frankfort	KY	40601
Street Address (No P.O. Box Numbers	3)	City	State	Zip Code
and the name of the registered agent at	that office is Corporation Se	rvice Company		
8. The names and business addresses			s managers trustees or ger	neral nariners):
		-		
	301 Merritt Seven, 6th Flr Street or P.O. Box	Norwalk City	CT State	06851 Zlp Code
Vincent O'Neill, CFO, Treasurer		New York	NY	10018
	Street or P.O. Box	City	State	Zip Code
Donna Lucas, Secretary	1375 Broadway	New York	NY	10018
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 upor		,		
Signature of Authorized Representative		R. Kevin Matz, Director Printed Name & Title	October 20, 2023	
I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity. Type/Print Name of Registered Agent				
Chan Scott.	Cornorat	ion Service Company	Assistant Secretary	10/23/2023
Signature of Registered Agent	Printed Nan		Title	Date