

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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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: **AG SOLUTIONS GROUP INTERMEDIATE CORP.**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **4/9/2021** and the period of duration is **perpetual**.

7. Principal Office

801 Grand Ave, Suite 3560
Des Moines, IA 50309

8. Required Representatives

Secretary	Dennis Bailey	801 Grand Ave, Suite 3560	Des Moines	IA	50309
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9. Registered Agent/Office

Cogency Global Inc.
828 Lane Allen Road, Suite 219
Lexington, KY 40504

I, **Christina Marasigan, Assistant Secretary**, consent to sign for **Cogency Global Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, December 29, 2022

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