

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/20/2024 12:11 PM Fee Receipt: \$90.00

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Livision of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

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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: ^ pr	rofit corporation	nonprofit corporation	professional limited liability company			
b	usiness trust	limited liability company	statutory trust			
lir	nited partnership	td cooperative association	public benefit	corporation		
ne	on-profit IIc	professional service corporation	other			
2. The name of the entity is	Motion Specialty, Inc.					
		the name on record with the Secre	tary of State.)			
3. The name of the entity to	be used in Kentucky is (if applicable):		- ,			
		(Only provide if "real name" is un	available for use; o	otherwise, leave blank.)		
4. The state or country unde	r whose law the entity is organized is	Delaware		· , · · · · · · · · · · · · · · · · · ·		
5. The date of organization is	The date of organization is 01/04/2024 and the period of duration is Perpetual					
6 The mailing address of the				on is considered perpetual.)		
 The mailing address of the P.O. Box 899 	e enuty's principal office is	Charlester	60	20 (02		
Street Address		Charleston City	SC State	29402		
7 The street edds of the	<i>44</i> • • • • • • • • • • • • • • • • • •	,	State	Zip Code		
7. The street address of the	entity's registered office in Kentucky is					
828 Lane Allen Road Suite 219		Lexington	<u>KY</u>	40504		
Street Address (No P.O. Box Numbers)		City	Sta	ate Zip Code		
and the name of the registere	ed agent at that office is <u>Registered</u>	Agent Solutions, Inc.				
8. The names and business	addresses of the entity's representativ	es (secretary officers and directors m	anagers trustees o	r deperal partners):		
			idildgers, illustees o	r general partners).		
Francis G. Johnson	200 Wingo Way, Ste. 2	00 Mt. Pleasant	SC	29464		
Name	Street or P.O. Box	City	State	Zip Code		
Harry L. Johnson II	200 Wingo Way, Ste. 2	And the second s	SC	29464		
Name	Street or P.O. Box	City	State	Zip Code		
Francis G. Johnson, Jr.	200 Wingo Way, Ste. 2		SC	29464		
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.

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Signature di Au	thorized Representative

Harry L. Johnson, II - COO/Director Printed Name & Title

, consent to serve as the registered agent on behalf of the business entity

11/20/2024

I. Registered Agent Solutions, Inc.

ype/Print Name of Registered Agent		0 0	a contraction of the state of t
Registered Agent Solutions, Inc. By: Whargarit Unitaya	Margaret Antaya	Assistant Secretary	11/20/2024
Signature of Registered Agent	Printed Name	Title	Date