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Michael G. Adams

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		ALTH OF KENTUCK	-	Kentucky Secretary of State Received and Filed:
	MICHAEL G. ADAM	MŞ, SECRETARY OF	STATE	12/9/2024 10:07 AM Fee Receipt: \$90.00
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)		
Pursuant to the provisions of KRS 14 below and, for that purpose, submits	IA – 030 the undersigned hereby appli the following statements:	es for authority to transact	business in Ken	tucky on behalf of the foreign entity nam
1. The entity is a: profit corp business limited pa non-profit	trust limited lia rtnership ltd coope	t corporation ability company prative association pnal service corporation	profess statutor other	sional limited liability company ry trust
2. The name of the foreign entity is	Preferred Electrical Construction Corp	o. of Illinois, Inc.		
 The name of the foreign entity to t 	ne name must be identical to the nar be used in Kentucky is (if applicable);	ne on record in the state	or country whe	re the foreign entity was formed.)
	aw the foreign entity is organized is III		ne 2 is unaccep	table for use; otherwise, leave blank.)
5. The date of organization is <u>11/13/</u> 5. The mailing address of the foreign		and the period of durati		k, duration is considered perpetual.)
110 Ridge Avenue		Bloomingdale	IL	60108
Street Address		City	State	Zip Code
828 Lane Allen Road, Suite 219	ntity's registered office in Kentucky is	Lexington	KY	40504
Street Address	_	City	State	Zip Code
	at that office is Cogency Global Inc.		_	
	es of the foreign entity's representative	s (e.g., secretary, officers a	and directors, ma	anagers, trustees, or general partners):
Anthony J. Mulizio	110 Ridge Avenue	Bloomingdale	IL	60108
lame Michael Mulizio	Street or P.O. Box 110 Ridge Avenue	City	State	Zip Code
	Street or P.O. Box	Bloomingdale City	<u>IL</u>	60108
		City	State	Zip Code
lame	Street or P.O. Box	City	State	Zip Code
 If a professional service corporation nd treasurer are licensed in one or m tatement of purposes of the corporati 	ore states or territories of the United S	ss than one half (1/2) of the tates or District of Columbi	e directors, and a a to render a pro	all of the officers other than the secretary fessional service described in the
0. I certify that, as of the date of filing	this application, the above-named fore	aign entity validly exists und	der the laws of th	ne jurisdiction of its formation.
1. If a limited partnership, it elects to	be a limited liability limited partnership.	Check the box if applicat	ple:	
2. If a limited liability company, check	box if manager-managed:			
3. This application will be effective up				1.1.1
gnature of Authorized Representative	Anthe	ony J. Mulizio Presiden	t	12/4/2024
COGENCY GLOBAL IN	С, со	Printed Name & Title	tered agent on b	^{'Dafe} ehalf of the business entity.
Shannon M. Mad		M. MADDOX, ASST. SI	ECRETARY	12/6/2024
gnature of Registered Agent	Printed Name	Ti	tle	Date

FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The foreign entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

NAME

The foreign entity's "real name" must be provided as it appears in the records of the state or foreign country under whose laws it is organized.

NAME OF THE ENTTY TO BE USED IN KENTUCKY

A "fictitious name" is required only if the real name of the foreign entity is already in active use in Kentucky by another entity or foreign entity or the name does not conform to the requirements of Kentucky law pursuant to KRS 14A.3-040.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the foreign entity was filed with the secretary of state or other official having custody of corporate records in the state or foreign country under whose laws it is organized. The period of duration of the foreign entity is that period which is stated in its organizational filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the foreign entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED AGENT AND REGISTERED OFFICE

Each foreign entity qualified to transact business in Kentucky must appoint and continuously maintain a registered agent to receive legal service of process (i.e., a lawsuit), who shall be an individual resident of Kentucky, a Kentucky entity, or a foreign entity authorized to transact business in Kentucky. The registered office address shall be the street address in Kentucky where the registered agent is located.

CONSENT OF REGISTERED AGENT

The registered agent shall give written consent to accept the appointment by signing this document or an attachment. If the registered agent is an entity or foreign entity, a signature of the individual authorized to accept the appointment on behalf of the registered agent is required.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS	OFFICE LOCATION
Michael Adams	Room 152, Capitol Building
Secretary of State	700 Capital Avenue
P.O. Box 718	Frankfort, KY 40601
Frankfort, KY 40602-0718	Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The foreign entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.