

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  
(502) 564-3490  
<http://www.sos.ky.gov>

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: **APP PRESS**
3. The name of the entity to be used in Kentucky is (if applicable): **APP PRESS CORP.**
4. The state or country whose law the entity is organized is **Indiana**.
5. The date of organization is **11/5/2010** and the period of duration is **perpetual**.

**6. Principal Office**

8020 Zionsville Rd  
Indianapolis, IN 46268

**7. Required Representatives**

<b>Officer</b>	Grant Glas	8020 Zionsville Rd Indianapolis	IN	46268
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**8. Registered Agent/Office**

Steve Stone  
12924 Wooded Forest Rd  
Louisville, KY 40243

I, **Steve Stone**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Wednesday, November 1, 2023

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