

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
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 entity is a **limited liability company**.
2. The name of the entity is
PURE HOSE SOLUTIONS LLC
3. The state or country under whose law the entity is organized is **Illinois**.
4. The date of organization is **6/19/2024** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
4798 Colt Road, Rockford, IL 61109
6. The name of the initial registered agent is

Elizabeth Bartman Antle

and the street address of the entity's initial registered office in Kentucky is

500 Industrial Drive, Campbellsville, KY 42718

7. The names and business addresses of the entity's representatives:

Member	Andrea Deregibus	4798 Colt Road, Rockford, IL 61109
Member	Alex Soeterbroek	4798 Colt Road, Rockford, IL 61109

8. This entity is managed by **Managers**.
9. This application will be effective on **Monday, June 24, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Member Manager:**
Andrea Deregibus

I, **Elizabeth Bartman Antle**, consent to serve as the Registered Agent on behalf of this entity on Monday, June 24, 2024.