

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

P101
1393836.09
Michael G. Adams
Secretary of State
Received and Filed
9/9/2024 12:00:00 AM
Fee receipt: \$90

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 **profit corporation**.

2. The name of the entity is

Ascendum Machinery Inc.

3. The name of the entity to be used in Kentucky is

Ascendum Machinery Inc.

4. The state or country under whose law the entity is organized is **Delaware**.

5. The date of organization is **11/3/2004** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

16810 Kenton Dr Ste 300, Huntersville, NC 28078

7. The name of the initial registered agent is

Marcela Newman

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

605 Turnstile Trce, Louisville, KY 40223

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

Registered Agent	Marcela Newman	605 Turnstile Trce, Louisville, KY 40223
CFO	Marco Loureriro	16810 Kenton Dr Ste 300, Huntersville, NC 28078
Officer	Grant Adams	16810 Kenton Dr Ste 300, Huntersville, NC 28078
Authorized Rep	Jackie Ramer	16810 Kenton Dr Ste 300, Huntersville, NC 28078

9. This filing will be effective on **Monday, September 9, 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 **Authorized Rep:**
Jackie Ramer

I, **Marcela Newman**, consent to sign for **Ma**
serves as the Registered Agent on behalf of
September 9, 2024.

P101

1393836.09

Michael G. Adams

Secretary of State

Received and Filed

9/9/2024 12:00:00 AM

Fee receipt: \$90

