

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 1204738.06

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Michael G. Adams **Kentucky Secretary of State**

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Division of Business Filings	Certificat	e of Authority			
P.O. Box 718		siness Entity)			
Frankfort, KY 40602 (502) 564-3490	(,	- ,			
www.sos.ky.gov					
Pursuant to the provisions of KRS 14A	- 030 the undersigned hereby apr	olies for authority to transac	et business in Kentucky or	behalf of the entity named below	
and, for that purpose, submits the follow		more to the manner of the mann		. Doriali or the orining married bolo	
The entity is a: profit corpor	rotion	fit corporation	professional lim	ited liability company	
	Annual Marie Control	nonprofit corporation Imited liability company		professional limited liability company	
business tru	1		statutory trust		
limited partr		perative association	other		
non-profit like	•	ional service corporation			
2. The name of the entity is Fidelitone	Operating Company, LLC		***************************************		
(The	name must be identical to the na	ame on record with the Se	ecretary of State.)		
3. The name of the entity to be used in	Kentucky is (if applicable):				
A 771 1-4		y provide if "real name" is	s unavaltable for use; otr	nerwise, leave blank.)	
4. The state or country under whose la		elaware	Dornotual	·	
5. The date of organization is 12/1/202		and the period of dura	(If left blank, duration	is considered perpetual.)	
6. The mailing address of the entity's p	principal office is		(ir lote blank) daration	is considered perpetually	
1260 Karl Court	·	Wauconda	IL	60084	
Street Address		City	State	Zip Code	
7. The street address of the entity's re-	gistered office in Kentucky is				
421 W. Main St.		Frankfort	KY	40601	
Street Address (No P.O. Box Numbe	rs)	City	State	e Zip Code	
and the name of the registered agent a	t that office is Corporation Service	Company			
8. The names and business addresses			rs. managers, trustees or o	general partners):	
		-			
Robert J. Johnson Name	1260 Karl Court Street or P.O. Box	Wauconda City	IL. State	60084 Zip Code	
Ross T. Hudson	1260 Karl Court	Wauconda	Ji.L	60084	
Name	Street or P.O. Box	City	State	Zip Code	
	<u>.</u>			<u> </u>	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation,					
and treasurer are licensed in one or mo statement of purposes of the corporation		States or District of Colum	bia to render a profession	al service described in the	
statement of purposes of the corporation	11.				
10. I certify that, as of the date of filing	this application, the above-named e	entity validly exists under the	e laws of the jurisdiction of	f its formation.	
			🗂		
11. If a limited partnership, it elects to be	e a limited liability limited partnersr	ip. Check the box if applic	:able: [_]		
12. If a limited liability company, chec	k box if manager-managed:				
12. If a minoa hability obilipality, office	A DOM A Managot Managota				
13. This application will be effective up	on filing.				
OLAL				N24 2022	
Robert 5. Johnson Mar 24, 2022 09:32 CDT)		obert J. Johnson, Manager		Mar 24, 2022	
Signature of Authorized Representative		Printed Name & Title		Date	
	-				
I, Corporation Service Company		consent to serve as the reg	gistered agent on behalf o	f the business entity.	
Type/Print Name of Registered Agent				·	
1 R ~	Terri Bar	rv	Assistant Secretary	4/24/2022	
Signature of Registered Agent	Printed Name	· <i>)</i>	Title	Date	

KY FOC LLC Certificate of Authorization_Foreig n Business Entity

Final Audit Report 2022-03-24

Created: 2022-03-23

By: Becky Feuerbacher (bfeuerbacher@fidelitone.com)

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"KY FOC LLC Certificate of Authorization_Foreign Business Entity" History

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