

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1230040.09

tsemones ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 9/7/2022 11:00 AM Fee Receipt: \$90.00

| Division of Business F | ilings |
|---------------------------|---------|
| P.O. Box 718 | • |
| Frankfort, KY 40602 | |
| (502) 564-3490 | |
| www.sos.ky.gov | |
| | |
| - | |
| Pursuant to the provisio | ns of I |
| and, for that purpose, su | |
| | _ |
| | |

Certificate of Authority

FBE

| Frankfor (502) 56 www.sos | t, KY 40602 4-3490 | (Foreig | gn Business Enti | ty) | | |
|---------------------------------|---|--|------------------------|--|---|--|
| Pursuan and, for t | to the provisions of KRS 14 hat purpose, submits the foll | IA – 030 the undersigned here lowing statements: | by applies for author | ity to transact bu | siness In Kentucky on I | behalf of the entity named below |
| 1. The e | ntity is a: X profit corp | oration n | onprofit corporation | Γ | professional limit | ed liability company |
| | business t | | mited liability compa | nv T | statutory trust | od nability company |
| | limited pa | | d cooperative associ | · | other | |
| | non-profit | | rofessional service o | _ | ouler | |
| 2 Thorn | ame of the entity is | | | el Solutions, Inc. | | |
| 2. 111611 | (Th | ne name must be identical to | the name on record | with the Secret | tary of State.) | |
| 3. The n | | in Kentucky is (if applicable): | | | | |
| | , | , | (Only provide if "r | eal name" is un | available for use; othe | erwise, leave blank.) |
| 4. The s | tate or country under whose | law the entity is organized is | | | Delaware | |
| 5. The da | ate of organization is | 05/24/2013 | and the p | eriod of duration | | |
| 6 Thor | salling address of the entity's | principal office in | | (1 | If left blank, duration I | s considered perpetual.) |
| o. men | nailing address of the entity's | Ave Way SE | | Hickory | NC | 00000 |
| Street A | | TAVE WAY OL | City | Hickory | State | 28602 Zip Code |
| 7 Thee | treat addrage of the antity's e | registered office in Kentucky is | , | | 3.0.0 | Lip oode |
| 7. THES | | n Road, Suite 219 | | Lexinaton | 999 | 40504 |
| Street A | ddress (No P.O. Box Numb | | | City | State | Zip Code |
| and the r | comp of the registered agent | at that office is | | COGENCY G | | zip code |
| | ame of the registered agent | | | | | |
| 8. The n | ames and business address | es of the entity's representative | s (secretary, officers | and directors, m | anagers, trustees or ge | eneral partners): |
| | Leigh Abramson | 310 Main Ave Way | SE | Hickory | NC | 28602 |
| Name | | Street or P.O. Box | City | | State | Zip Code |
| | Ken Beyer | 310 Main Ave Way | | Hickory | NC | 28602 |
| Name | I | Street or P.O. Box | City | | State | Zip Code |
| Name | D. Paul Thompson | 310 Main Ave Way Street or P.O. Box | City | Hickory | NC NC | 28602 |
| 9. If a pro | ofessional service corporation urer are licensed in one or m t of purposes of the corporat | n, all the individual shareholden nore states or territories of the t | s, not less than one i | nalf (1/2) of the di rict of Columbia t | State irectors, and all of the to o render a professional | Zip Code Officers other than the secretary service described in the |
| 10. I certi | fy that, as of the date of filing | this application, the above-na | med entity validly ex | ists under the law | vs of the jurisdiction of i | ts formation. |
| 11. If a lin | nited partnership, it elects to | be a limited liability limited part | nership. Check the | box if applicable | : 🔲 | |
| 12. If a li | mited liability company, che | ck box if manager-managed: | | | | |
| 13. This | pplication will be effective up | oon filing. | | | | |
| (| 200 | > | D. D | | | |
| Signature | of Authorized Representative | | | pson, Chairman Name & Title | & Founder | 08/30/2022 |
| o i griature | THE RESERVED TO SERVED TO | | rinted | SITIL & SILIB | | Date |
| l, | COGENCY | SLOBAL INC. | , consent to ser | ve as the register | red agent on behalf of t | he business entity. |
| Type/P/ | nt Name of Registered Agent | K | Thompson | *. | د السياري حدد | a/dan |
| Signature | of Registered Agent | Printed 1 | Name | Title | Steveler | Date |
| - G | | - 10100 | | 11416 | • | D416 |

Additional Entity Representatives (KY)

Name: Felix Park

Street or PO Box: 310 Main Ave Way SE

City: Hickory

State: NC

Zip Code: 28602

Name: Brian Work

Street or PO Box: 310 Main Ave Way SE

City: Hickory

State: NC

Zip Code: 28602

Name: Wes Lucas

Street or PO Box: 310 Main Ave Way SE

City: Hickory

State: NC

Zip Code: 28602