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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE Michael G. Adams Kentucky Secretary of State Received and Filed: 10/17/2023 2:28 PM Fee Receipt: \$90.00

mmoore ADD

| Division of Business F | ilings | Certificate of Authority | | | | FBE | | |
|---|--|---|---------|---|------------------|---|---------------------------------|--|
| P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | | | | eign Business Entity) | y | | | |
| Pursuant to the provisio and, for that purpose, s | | • | ned he | reby applies for authority to tr | ransact busines | ss in Kentucky on be | ehalf of the entity named below | |
| 1. The entity is a: | profit corpora | ion | | nonprofit corporation | | professional limited | d liability company | |
| | business trus | business trust | | limited liability company | | statutory trust | | |
| | limited partnership | | | Itd cooperative association | | public benefit corp | oration | |
| | non-profit IIc | | | professional service corpora | ition | other | | |
| 2. The name of the ent | | ic Enterprises, L | LC | | | | | |
| 2. The name of the ent | (The n | ame must be ider | ntical | to the name on record with | the Secretary | of State.) | | |
| 3. The name of the ent | | | | | | | | |
| 5. The name of the ent | ity to be used in r | tentucky is (ii appli | cable, | (Only provide if "real na | me" is unavai | lable for use; other | wise, leave blank.) | |
| 4. The state or country | under whose law | the entity is organ | ized is | | | | | |
| 5. The date of organiza | | | | and the period o | of duration is | | | |
| er me date er ergannet | | | | | | t blank, duration is | considered perpetual.) | |
| The mailing address | of the entity's pri | ncipal office is | | 0 I ID | | 120 | ((2)) | |
| 11401 Lamar Ave | | | | Overland Par | rk | KS | <u>66211</u> | |
| Street Address | | | | City | | State | Zip Code | |
| 7. The street address of | | stered office in Ker | ntucky | | | | 10.001 | |
| 306 W. Main Street, | | | | Frankfort | 60 | KY | 40601 | |
| Street Address (No P. and the name of the reg | | | | Cit | У | State | Zip Code | |
| 8. The names and bus Tim Ware Name | | of the entity's repre 1401 Lamar Av Street or P.O. Bo | e | tives (secretary, officers and d Overland Pa City | ark | gers, trustees or ger <u>Kansas</u> State | 66211 Zip Code | |
| Vince Coletta | | 11401 Lamar A | | Overland Pa | ark | Kansas | 66211 | |
| Name | | Street or P.O. Bo | | City | 1 | State | Zip Code | |
| Rich Jacober Name | | 11401 Lamar A Street or P.O. Bo | | Overland Pa City | ark | Kansas State | 66211 Zip Code | |
| 9. If a professional serv | ice corporation, a sed in one or more | II the individual sha e states or territorie | arehol | | | ors, and all of the of | ficers other than the secretary | |
| 10. I certify that, as of the | ne date of filing th | is application, the | above | -named entity validly exists ur | nder the laws of | f the jurisdiction of it | s formation. | |
| 11. If a limited partners | hip, it elects to be | a limited liability li | mited | partnership. Check the box if | f applicable: | | | |
| 12. If a limited liability | company, check | box if manager-n | nanag | ed: | | | | |
| 13. This application will | be effective upor | n filing. | | | | | | |
| ERB | | | | Eria Donton Sonio | Tax Manag | or 10/10/ | 0022 | |
| Signature of Authorized | Renresentative | | | Eric Benton Senio | or Tax Manag | $r = \frac{10/10/2}{10/10/2}$ | Date | |
| Signature of Authorized | representative | | | Finted Name | G THUS | | Date | |
| I, <u>C T Corporation S</u> Type/Print Name of Re | gistered Agent | | | , consent to serve as | the registered | agent on behalf of th | ne business entity. | |
| By: C T Corpo | oration System | Sharry Mebines | S | herry McGinnes | Assiatot | Secretary | 10-17-2023 | |
| Signature of Registered | Agent | | | ted Name | Title | | Date | |