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Michael G. Adams

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

	ONWEALTH OF KENTUCKY Adams, Secretary of State			Kentucky Secretary of State Received and Filed: 10/7/2022 9:15 AM Fee Receipt: \$90.00				
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)				\$90.00		
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		eby applies for auth	nority to transact busi	iness in Kent	ucky on behalf o	of the entity named below		
1. The entity is a: profit corpora	ation	nonprofit corporatio	rofit corporation			ional limited liability company		
business tru				statutory				
limited part		Itd cooperative ass		other				
non-profit llc		professional servic						
2. The name of the entity is Schick Man								
	name must be identical to	o the name on rec	ord with the Secreta	ary of State.)		·•		
3. The name of the entity to be used in	Kentucky is (if applicable):	(Only provide if	"real name" is una	vailable for u	use; otherwise,	leave blank.)		
4. The state or country under whose law		Delaware						
5. The date of organization is 02/14/200	3	and the	e period of duration is	<u> </u>		i.		
6. The mailing address of the entity's p	rincipal office is		11)	left blank, d	luration is cons	idered perpetual.)		
6 Research Drive, 6 Research Drive, 5th Fl	•	Sh	elton	СТ	(06484		
Street Address		City		State	Zip	Code		
7. The street address of the entity's reg 101 North Seventh Street	jistered office in Kentucky is	s Louis	ville	KY	40202	2		
Street Address (No P.O. Box Number	rs)		City		State	Zip Code		
and the name of the registered agent at	that office is Corporate Cre	ations Network Inc.						
 The names and business addresses 			ers and directors, ma	anagers, trust	ees or general p	partners):		
Please See Attached								
Name	Street or P.O. Box	City		State	Zip	Code		
Name	Street or P.O. Box	City		State	Zip	Code		
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 corporation10. I certify that, as of the date of filing t	re states or territories of the n.	e United States or E	District of Columbia to	o render a pro	fessional servic	e described in the		
11. If a limited partnership, it elects to be	e a limited liability limited pa	artnership. Check	the box if applicable:					
12. If a limited liability company, check	k box if manager-manage	d: 🗌						
13. This application will be effective upo	on filing.							
		Joseph Panho	zer, Special Secretary		10/07/2022			
Signature of Authorized Representative		Print	ed Name & Title		Dat	e		
I, Corporate Creations Network Inc.		, consent to serve as the registered agent on behalf of the business entity.						
Type/Print Name of Registered Agent								
Signature of Registered Agenty	kins Ashle Printe	ey Perkins ed Name		Special Secretary Title		10/07/2022 Date		

Schick Manufacturing, Inc.

Officers

John Hill, President, 6 Research Drive, 5th Floor, Shelton, CT 06484 LaTanya Langley, Secretary, 6 Research Drive, 5th Floor, Shelton, CT 06484 Daniel Sullivan; Treasurer, 6 Research Drive, 5th Floor, Shelton, CT 06484

Directors

Daniel Sullivan, 6 Research Drive, 5th Floor, Shelton, CT 06484 John Hill, 6 Research Drive, 5th Floor, Shelton, CT 06484 LaTanya Langley, 6 Research Drive, 5th Floor, Shelton, CT 06484