Commonwealth of Kentucky Michael G. Adams, Secretary of State

1429745.09 Michael G. Adams Secretary of State Received and Filed 2/13/2025 12:00:00 AM

Fee receipt: \$90

P101

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

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

Stronghold Insulation Systems Inc

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

Stronghold Insulation Systems Inc

- 4. The state or country under whose law the entity is organized is **Delaware**.
- 5. The date of organization is 5/29/2018 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

401 Pheasant Ridge Dr, Watertown, SD 57201

7. The name of the initial registered agent is

NRAI, Inc

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

306 W Main St Ste 512, Frankfort, KY 40601

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

Registered Agent	NRAI, Inc	306 W Main St Ste 512, Frankfort, KY 40601
General Manager	Anthony Schmidt	1025 E 64th St, Sioux Falls, SD 57108
Authorized Rep	BEVERLY J ELIJAH	1136 Woodrow Ave. Detroit Lakes. MN 56501

9. This filing will be effective on Thursday, February 13, 2025.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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: BEVERLY J ELIJAH**

P101

I, **Crystal Kulhanek**, consent to sign for **NR** the Registered Agent on behalf of this entity 13, 2025.

1429745.09
Michael G. Adams
Secretary of State
Received and Filed
2/13/2025 12:00:00 AM

Fee receipt: \$90

