

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1368451.09

Date

05/30/2024

Date

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/30/2024 2:40 PM Fee Receipt: \$90.00

| Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.qov | | rtificate of Authority reign Business Entity) | ' | FBE | |
|--|--|--|--|--|--|
| Pursuant to the provisions of I and, for that purpose, submits | | ereby applies for authority to tra | ansact business in Kentuc | cky on behalf of the entity named belo | |
| 1. The entity is a: X pro | e entity is a: X profit corporation n | | corporation professional limited liability company | | |
| bus | business trust | | statutory t | statutory trust | |
| limited partnership | | Itd cooperative association | rative association public benefit corporation | | |
| nor | n-profit IIc | professional service corporati | ion other | | |
| 2. The name of the entity is \underline{P} | layPower, Inc. | | | | |
| 2.3.081 Danish R.S. Service (Program of Service Recognition) Resident (Program of Service Recognition) | (The name must be identical | to the name on record with t | he Secretary of State.) | | |
| 3. The name of the entity to be | e used in Kentucky is (if applicable |): | | | |
| | | | ne" is unavailable for us | e; otherwise, leave blank.) | |
| | whose law the entity is organized in | | | | |
| 5. The date of organization is | 09-28-1993 | and the period of | | ration is considered perpetual.) | |
| 6. The mailing address of the | entity's principal office is | | (II left blank, dui | ration is considered perpetual.) | |
| 878 E Hwy 60 | | Monett | MO | 65708 | |
| Street Address | | City | State | Zip Code | |
| 7. The street address of the e | ntity's registered office in Kentucky | is | | | |
| 306 W. Main Street, Suite | | Frankfort | KY | 40601 | |
| Street Address (No P.O. Box | Numbers) | City | | State Zip Code | |
| and the name of the registered | agent at that office is <u>C T Corp</u> | oration System | | | |
| 8. The names and business a | ddresses of the entity's representa | tives (secretary, officers and dir | rectors, managers, trustee | es or general partners): | |
| Blakley, Robert | 2580 Esters Blvd, Sui | te 100 Irving | TX | 75261 | |
| Name | Street or P.O. Box | City | State | Zip Code | |
| Brinker, Todd | 12580 Esters Blvd, S | E PAR HARANTA ELECTRICA ELECTRICA ELECTRICA ELECTRICA EL CONTRA EL | TX | 75261 | |
| Name | Street or P.O. Box | City | State | Zip Code | |
| Yeazel, Bryan | 2580 Esters Blvd, St | | NC | 75261 | |
| Name | Street or P.O. Box | City | State | Zip Code | |
| and treasurer are licensed in o statement of purposes of the continuous statement of t | ne or more states or territories of torporation. of filing this application, the above lects to be a limited liability limited my, check box if manager-manager | he United States or District of Con- e-named entity validly exists und partnership. Check the box if a ged: | columbia to render a profe | tion of its formation. | |
| (/ ') | | Cary Glay, CFO | | 05-29-2024 | |

Printed Name & Title

Stephanie Hencz

Printed Name

consent to serve as the registered agent on behalf of the business entity.

Assistant Secretary

Signature of Authorized Representative

I, C T Corporation System

Type/Print Name of Registered Agent

Signature of Registered Agent

By: Stephane Honay