

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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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 business entity is a **profit corporation**.
2. The name of the entity is: **SALTWELL INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **9/28/2022** and the period of duration is **perpetual**.

**7. Principal Office**

70 W. Madison St., Suite 5750  
Chicago, IL 60602

**8. Required Representatives**

<b>Officer</b>	Thomas H. Thorelli	70 W. Madison St., Suite 5750	Chicago	IL	60602
<b>Officer</b>	Christer Olausson	70 W. Madison St., Suite 5750	Chicago	IL	60602
<b>Secretary</b>	Mira Olausson	70 W. Madison St., Suite 5750	Chicago	IL	60602
<b>Officer</b>	Helena Nordgren	70 W. Madison St., Suite 5750	Chicago	IL	60602
<b>Director</b>	Christer Olausson	70 W. Madison St., Suite 5750	Chicago	IL	60602
<b>Director</b>	Mira Olausson	70 W. Madison St., Suite 5750	Chicago	IL	60602

**9. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Melissa Clarke, Asst. V.P.**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, October 19, 2023

As the Authorized Representative, I, **Thomas H. Thorelli**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Assistant Secretary**