

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1403354.06

Fee Receipt: \$90.00

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/22/2024 2:38 PM

**Division of Business Filings** Certificate of Authority **FBE** P.O. Box 718 (Foreign Business Entity) Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 14A - 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: profit corporation nonprofit corporation professional limited liability company 1. The entity is a: limited liability company business trust statutory trust limited partnership Itd cooperative association public benefit corporation non-profit IIc professional service corporation 2. The name of the entity is Revelyst Operations LLC (The name must be identical to the name on record with the Secretary of State.) 3. The name of the entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; otherwise, leave blank.) 4. The state or country under whose law the entity is organized is Delaware The date of organization is <u>10/07/2024</u> and the period of duration is (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 1 Vista Way MN 55303 Anoka Street Address City State Zip Code 7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512 40601 Frankfort City Street Address (No P.O. Box Numbers) State Zip Code and the name of the registered agent at that office is  $\underline{C}\ T$  Corporation System 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Mn 55303 1 Vista Way Anoka Jung Choi, Manager Street or P.O. Box City State Zip Code 1 Vista Way MN 55303 Andrew Keegan, Manager Anoka Street or P.O. Box Name City State Zip Code City Name Street or P.O. Box State Zip Code 9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation. 10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation. 11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: 12. If a limited liability company, check box if manager-managed: 13. This application will be effective upon filing. Jung Choi, Manager 10/17/2024 Authorized Representative **Printed Name & Title** Date C T Corporation System consent to serve as the registered agent on behalf of the business entity. Type/Print Name of Registered Agent

SEAN L. EMERICK,

Printed Name

ASSISTANT SECRETARY

10/16/2024

Date

Signature of Registered Agent

## <u>Delaware</u>

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "REVELYST OPERATIONS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204665982

Date: 10-18-24