

COMMONWEALTH OF KENTUCKY

# 1293958.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/12/2023 2:54 PM

PC: Box 718    Circle of D Allforting    FBE      PC: Box 718    (Foreign Business Entity)    FBE      Prevents to the provisions of KBS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity name in the entity in the entity in the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the following statements:    Image of the entity is attained in the entity is an attained in the entity is a granized in the following statements:    Image of the entity is attained in the entity is an attained in the entity is attained in the entity is attained in the entity is an attained in the entity is a granin attained in the entity is attained in th		MICHAEL	G. ADAMS, SECRETARY	OF STATE	7/12/2023 2:54 PM Fee Receipt: \$90.00	
Implementation    Imple	Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	C (F	ertificate of Authority oreign Business Entity)	/	FBE	
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<form>      Image: Image</form>				profession	professional limited liability company	
In on-profit lic professional service corporation dutter  Image: the aname of the entity is Medican Investments, Inc.  Ime name of the entity to be used in Kentucky is (if applicable):      (Only provide if "real name" is unavailable for use; otherwise, leave blank.)      (If left blank, duration is considered perpetual      (if left blank, and blank blank blank blank      (if left blank, and blank blank      (if left bl						
The name of the entity is <u>Melcon Investments, Inc.</u> (The name must be identical to the name on record with the Secretary of State.]  (Only provide if "real name" is unavailable for use; otherwise, leave blank,)  (Det granization is <u>Od1771999</u> and the period of duration is (fort blank, duration is considered perpetual 24 Lawn Rd.  The maining address of the entity's registered office is <u>Corporation Service Company</u> (Fort State of Organization is <u>Od1771999</u> )  (The Team of the entity's registered office is <u>Pannylvania</u> (fort State)  (Fort State				public ben	efit corporation	
If the name must be identical to the name on record with the Secretary of State.      1. 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,)      The state or country under whose law the entity is organized is <u>Pennsyvania</u> The mailing address of the entity's principal office is      (If tent blank, duration is considered perpetual view Address of the entity's registered office in Kentucky is      21 west Man Street    Paimyra    PA    17078      22 west Man Street    City    State    Zip Code      32 west Man Street    City    State    Zip Code      32 west Man Street    Paimyra    PA    17078      and the registered agent at that office is Corporation Service Company    State    Zip Code      The names and business address of the entity's regresentatives (secretary, officers and directors, managers, trustees or general partners):    Advid Z. Abel    Zip Code      and chashing    Street or P.O. Box    City    State    Zip Code      and are diversed Browne    724 Lawn Rd.    Paimyra    PA    17078      and emetry the registered agent at that office is Corporation Service Company    State    Zip Code      ane    Street or P.O. Box			professional service corporation	on other		
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In the state or country under whose law the entity is organized is Pennsylvania    Pennsylvania      The date of organization is 06/17/1999    and the period of duration is 06/17/1999      . The mailing address of the entity's principal office is 24 Lawn Rd.    Palmyra    PA    17078      . The state address of the entity's registered office in Kentucky is 21 West Main Street    Palmyra    PA    17078      . The mailing address of the entity's registered office in Kentucky is 21 West Main Street    Palmyra    PA    17078      . The mame of the registered agent at that office is Corporation Service Company    The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): avid Z. Abel    21p Code      . ante    . 24 Lawn Rd.    Palmyra    PA    17078      . ante    . 24 Lawn Rd.    Palmyra    PA    17078      . ante    . 24 Lawn Rd.    Palmyra    PA    17078      . ante    Street or P.O. Box    City    State    Zip Code      . ante    . Johnson    724 Lawn Rd.    Palmyra    PA    17078      . ante    Street or P.O. Box    City    State    Zip Code      . direxer L. Johnson    . 724 Lawn Rd. <td< td=""><td>The name of the entity to be</td><td>used in Kontucky in (if analised</td><td>al to the name on record with th</td><td>ne Secretary of State.)</td><td></td></td<>	The name of the entity to be	used in Kontucky in (if analised	al to the name on record with th	ne Secretary of State.)		
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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 second 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 atement of purposes of the corporation.      0. 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.      1. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:      2. If a limited liability company, check box if manager-managed:      3. This application will be effective upon filing.      4. This application will be effective upon filing.      4. This application Service Company      Corporation Service Company      Corporation Service Company      Corporation Service Company      Printed Name      Ymmuter of Registered Agent			City		10.00	
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## FILING INSTRUCTIONS

# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

#### TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

### NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

## DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records.

The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

# PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

## REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic noncorporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

## CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

#### EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

## WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

#### NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

#### DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

#### MAILING ADDRESS

## OFFICE LOCATION

Michael Adams Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

# CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-

# FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an annual report with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A statement of change of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.