

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/18/2024 3:18 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Certificate of Authority (Foreign Business Entity) **FBE**

Pursuant to the provisions of KRS and, for that purpose, submits the		d hereby applies for authority to to	ransact business in Kent	tucky on behalf of the entity named bel
1. The entity is a: X profit of	orporation	nonprofit corporation	professi	onal limited liability company
busines	AND THE PROPERTY OF THE PROPER	limited liability company statutor		
limited	partnership	Itd cooperative association	0.000	enefit corporation
non-profit IIc			ofessional service corporation other	
2. The name of the entity is Ecola	b USA Inc.			
z. The name of the entry to	(The name must be identic	cal to the name on record with	the Secretary of State.)	1
3. The name of the entity to be us	ed in Kentucky is (if applica	ble):		
CORD CONTROL CONTROL STATE CON	• • • • • • • • • • • • • • • • • • • •	(Only provide if "real na	me" is unavailable for	use; otherwise, leave blank.)
4. The state or country under who	se law the entity is organize			
5. The date of organization is $06/6$	00/1999	and the period of		duration is considered perpetual.)
6. The mailing address of the entit	ty's principal office is		(II lost blank, c	iaration is considered perpetually
1 Ecolab Place		St. Paul	MN	55102
Street Address		City	State	Zip Code
7. The street address of the entity	's registered office in Kentuc	cky is		
306 W. Main Street, Suite 512	•	Frankfort	KY	40601
Street Address (No P.O. Box Nu	mbers)	Cit	у	State Zip Code
and the name of the registered age	ent at that office is CTCo	orporation System		
8. The names and business addre			lirectors, managers, trust	tees or general partners):
Jandeen M. Boone	1 Ecolab Place	St. Paul	MN	55102
Name	Street or P.O. Box	City	State	Zip Code
Theresa E. Corona	1 Ecolab Place	St. Paul	MN	55102
Name	Street or P.O. Box	City	State	Zip Code
David F. Duvick Name	1 Ecolab Place Street or P.O. Box	St. Paul City	MN State	55102 Zip Code
If a professional service corpora and treasurer are licensed in one o statement of purposes of the corporate.	or more states or territories of			all of the officers other than the secreta ofessional service described in the
10. I certify that, as of the date of f	iling this application, the abo	ove-named entity validly exists un	nder the laws of the jurisc	diction of its formation.
11. If a limited partnership, it elects	s to be a limited liability limite	ed partnership. Check the box if	applicable:	
12. If a limited liability company,	check box if manager-man	naged:		
13. This application will be effective	e upon filing.			
DavidE Durick		David F. Duvick, As	ecictant Secretary	December 18, 2024
Signature of Authorized Representat	ive	Printed Name		Date
C T Corporation System Type/Print Name of Registered Age	ent	, consent to serve as	the registered agent on	behalf of the business entity.
By: C T Corporation Sys	stem waking T	Terrie Medina, Asst. Secy.	Asst. Secy.	12/18/2024
Signature of Registered Agent		Printed Name	Title	Date

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ECOLAB USA INC." IS DULY INCORPORATED

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

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

TARYS OF CO.

Authentication: 204705819

Date: 10-23-24

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