



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL ADAMS, SECRETARY OF STATE**

**1225763.09** tsemones  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
8/15/2022 10:37 AM  
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)

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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 entity is a : ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)  
☐ business trust (KRS 386). ☐ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)  
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust  
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS) ☐ unincorporated association

2. The name of the entity is AKKA GROUP NORTH AMERICA INC.  
(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

5. The date of organization is 07/17/2014 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
10151 Deerwood Park Blvd., Bldg. 200, Suite 400 Jacksonville FL 32256  
 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 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 C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

SEE ATTACHED RIDER

Name	Street or P.O. Box	City	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, unless a delayed effective date and/or time is provided.  
 The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

Please indicate the Kentucky county in which your business operates: County: _____	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

Signature of Authorized Representative <u>Gerald Robinson</u> I, <u>C T Corporation System</u>	Printed Name & Title <u>GERALD ROBINSON, VP</u>	Date <u>8-12-22</u>
Type/Print Name of Registered Agent <u>Judith Argao</u>	Printed Name <u>Judith Argao</u>	Title <u>Asst. Secy.</u>
Signature of Registered Agent	Printed Name	Date <u>08/12/2022</u>

Directors:       Mike Small       10151 Deerwood Park Blvd., Bldg. 200, Suite 400, J  
Jacksonville, FL 32256

                  Steven Rudd     10151 Deerwood Park Blvd., Bldg. 200, Suite 400, J  
Jacksonville, FL 32256

Officers:

Mike Small  
President                               10151 Deerwood Park Blvd., Bldg. 200, Suite 400, J  
Jacksonville, FL 32256

Steven Rudd  
VP of Finance and Treasurer       10151 Deerwood Park Blvd., Bldg. 200, Suite 400, J  
Jacksonville, FL 32256

Gerald Robinson  
VP Tax                                 10151 Deerwood Park Blvd., Bldg. 200, Suite 400, J  
Jacksonville, FL 32256

Jean – Philippe Carbonel  
Secretary                             975 S.Opdyke Rd, Suite 175, Auburn Hills, MI, 48326

# Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AKKA GROUP NORTH AMERICA 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 ELEVENTH DAY OF AUGUST, A.D. 2022.*

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

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AKKA GROUP NORTH AMERICA INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JULY, A.D. 2014.*

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



A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

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SR# 20223234796

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204136825

Date: 08-11-22