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Michael G. Adams Kentucky Secretary of State Received and Filed:

7/28/2023 2:31 PM Fee Receipt: \$90.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ficate of Authority gn Business Entity)		FBE
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following	- 030 the undersigned here ng statements:	by applies for authority to transa	act business in Kentucky on b	ehalf of the entity named below
The entity is a: profit corporal business trus limited partner non-profit lic The name of the entity is	t	nonprofit corporation imited liability company td cooperative association professional service corporation GRUNDENS USA the name on record with the S	statutory trust public benefit corp other LTD.	od liability company
3. The name of the entity to be used in h			, , , , , , , , , , , , , , , , , , , ,	
		(Only provide if "real name"	is unavailable for use; other Washington	rwise, leave blank.)
The state or country under whose law The date of organization is	02/06/1991	and the period of dun		petual
6. The mailing address of the entity's pri	nainal office is			considered perpetual.)
19332 Powde		Poulsbo) WA	98370
Street Address		City	State	Zip Code
7. The street address of the entity's regis				
828 Lane Allen F Street Address (No P.O. Box Numbers		Lexingto City	n KY State	40504 Zip Code
and the name of the registered agent at t	•		ncy Global Inc.	zip code
The names and business addresses of				
				•
Bryan Nohr Name	19332 Powder Hill Street or P.O. Box	PI NE Poulsbo	State WA	98370 Zip Code
			- Citale	rib code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, al and treasurer are licensed in one or more statement of purposes of the corporation. 10. I certify that, as of the date of filing this	states or territories of the	United States or District of Colur	nbia to render a professional	service described in the
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 I	oox if manager-managed	: 🗆		
13. This application will be effective upon	filing.	Davis No.		
Signature of Authorized Representative		Bryan No Printed Name & Title		7/24/2023
		i intera sentia a titil	•	Date
I. Cogency Glol Type/Print Name of Registered Agent	oal Inc.	consent to serve as the re	egistered agent on behalf of t	he business entity.
Ksithuyn Chr	listenec	Kathryn Christener	Assistant County	07/47/0000
Signature of Registered Agent	Printed		Assistant Secreta	O7/17/2023 Date



I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

GRUNDENS USA, LTD.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/06/1991.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/26/2023 UBI Number: 601 298 927

-R Hobbe

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

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Steve R. Hobbs, Secretary of State

Date Issued: 07/26/2023