



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

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**Alison Lundergan Grimes**  
**Kentucky Secretary of State**  
 Received and Filed:  
 2/27/2015 12:00 AM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
**Business Filings**  
 PO 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 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).

2. The name of the entity is Kokosing Industrial, 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 Ohio

5. The date of organization is January 23, 2015 and the period of duration is \_\_\_\_\_  
 (If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
6235 Westerville Road Westerville Ohio 43081  
 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 Kentucky 40601  
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is CT Corporation System

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

Daniel B. Walker, President	6235 Westerville Road	Westerville	Ohio	43081
Name	Street or P.O. Box	City	State	Zip Code
Thomas G. Muraski, Sr. Vice President	6235 Westerville Road	Westerville	Ohio	43081
Name	Street or P.O. Box	City	State	Zip Code
Wm. Bryce Burgett, Secretary	6235 Westerville Road	Westerville	Ohio	43081
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. 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 \_\_\_\_\_  
 (Delayed effective date and/or time)

Wm. Bryce Burgett Wm. Bryce Burgett, Secretary 2/26/15  
 Signature of Authorized Representative Printed Name & Title Date

I, CT Corporation System, consent to serve as the registered agent on behalf of the business entity.  
 Type/Print Name of Registered Agent

See attached Diane Stout Assistant Secretary 2/26/15  
 Signature of Registered Agent Printed Name Title Date  
 (01/12)



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**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

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**(Foreign Business Entity)**

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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).

2. The name of the entity is \_\_\_\_\_  
(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 \_\_\_\_\_

5. The date of organization is \_\_\_\_\_ and the period of duration is \_\_\_\_\_  
(if left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is

Street Address	City	State	Zip Code
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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):

Name	Street or P.O. Box	City	State	Zip 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, 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. 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 \_\_\_\_\_  
(Delayed effective date and/or time)

Signature of Authorized Representative	Printed Name & Title	Date
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I, C.T Corporation System, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

By: <u>Diane Stout</u>	Printed Name <u>Diane Stout, Asst. Secretary</u>	Date <u>2/24/15</u>
Signature of Registered Agent	Printed Name	Title
(01/12)		