

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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mstratton P101

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	Certificate of Authority (Foreign Business En			FBE		
PO Box 718 Frankfort, KY 40602	(i oreign business Lii	uity)				
(502) 564-3490 www.sos.ky.gov						
		d 000 th				
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and			reby applies for a	utnority to transac	: business in Kentuck	
		corporation (KRS 273).		onal service corpo		
	,	ibility company (KRS 275	i). professio	onal limited liability	company (KRS 275).	
•	tnership (KRS 362).					
2. The name of the entity is Kokosing	g Industrial, Inc.		44-93-94			
(The name mu	ist be identical to the name on record w	ith the Secretary of State.)				
3. The name of the entity to be used in h	Kentucky is (if applicable):(Only provide	de if "real name" is unavail	able for use: otherw	vise. leave hlank.)	*	
. .	Ohio	ion rounding to unavail	2010 101 400) 01110111	nooj isavo siariniy		
The state or country under whose law	The entity is organized is					
5. The date of organization is Januar	y 23, 2015	and the period of duration	on is			
<u></u>		_ ·	(If	left blank, the perion		
6. The mailing address of the entity's pri	incipal office is			io constaurea pe	· powulij	
6235 Westerville Road		Westerville	Ohio	4308	31	
Street Address		City	State	Zip Co	de	
7. The street address of the entity's regi	stered office in Kentucky is					
306 W. Main Street, Suite 512		Frankfort	Kentu	icky 4060)1	
Street Address (No P.O. Box Numbers)		City	State	Zip Co	de	
and the name of the registered agent at	that office is CT Corporation S	System				
8. The names and business addresses of			. managers, truste	es or general part	ners):	
		•	-			
Daniel B. Walker, President		Westerville	Ohio	4308		
Name Thomas G. Muraski, Sr. Vice President	Street or P.O. Box	c _{ity} Westerville	State Ohio	zip Co 4308		
	Street or P.O. Box	City	State	2ip Co		
Wm. Bryce Burgett, Secretary		Westerville	Ohio	4308		
	Street or P.O. Box	City	State	Zip Co		
9. If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation	e states or territories of the United Sta	s than one half (1/2) of thates or District of Columb	e directors, and all ia to render a profe	of the officers oth	er than the secretary escribed in the	
10. I certify that, as of the date of filing th	is application, the above-named entit	y validly exists under the	laws of the jurisdic	ction of its formation	on.	
11. If a limited partnership, it elects to	be a limited liability limited partners	hip. Check the box if a	pplicable:	•		
12. This application will be effective upor	n filing, unless a delayed effective dat	e and/or time is provided.				
The effective date or the delayed effective					date and/or time)	
α α \mathcal{M}	W. Marie	. Bryce Burgett, S	200rotony	2/26/15	date and/or time)	
Signature of Authorized Representative	myer)	Printed Name & Title		Date		
or runnerson ruprocentuity	•	- Into tractic or Title		Duit		
I, CT Corporation System Type/Print Name of Registered Agent	, coi	nsent to serve as the regi	stered agent on be	ehalf of the busine	ss entity.	
	,		<u> </u>		•	
See attached	Diane Stout	: A	Assistant Sec	retary	2/26/15	
Signature of Registered Agent	Printed Name		Title		Date	



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Business Filings PO Box 718	(Foreign Busine	•			
Frankfort, KY 40602					
(502) 564-3490 www.sos.ky.gov					
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,	nd KRS 271B, 273, 274,275, for that purpose, submits the	362 and 386 the undersigned left following statements:	hereby applies for author	ority to transact business in Kentuck	
1. The entity is a : profit corpo	oration (KRS 271B). n	onprofit corporation (KRS 273)	professiona	l service corporation (KRS 274).	
		mited ilability company (KRS 27		limited liability company (KRS 275)	
	tnership (KRS 362).		, .		
2. The name of the entity is (The name mu	st be identical to the name on r	ocord with the Secretary of State)		
3. The name of the entity to be used in K	(entucky is (if applicable):	2.00			
	(On	ly provide if "real name" is unava	ilable 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 dura	tion is		
o. The date of digatazation is		and the period of data	(If left	blank, the period of duration considered perpetual.)	
6. The mailing address of the entity's prin	ncipat office is		10	s considered perpetually	
Street Address		City	State	Zíp Code	
7. The street address of the entity's regis	stered 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 the	hat office is C.T Corporation	n System			
8. The names and business addresses o	f the entity's representatives	(secretary, officers and director	s, managers, trustees o	or general partners):	
<u></u>					
Name S	Street or P.O. Box	City	State	Zip Code	
Name S	Street or P.O. Box	City	Stato	Zip Code	
			•	•	
Name 9	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation.	the individual shareholders, states or territories of the Uni	not less than one half (1/2) of the less than one half (1/2) of the less or District of Columb	ne directors, and all of to la to render a profession	he officers other than the secretary anal service described in the	
10. I certify that, as of the date of filing this	s application, the above-name	ed entity validly exists under the	laws of the jurisdiction	of its formation.	
11. If a limited partnership, it elects to b	e a limited liability limited pa	artnership. Check the box if	applicable:		
12. This application will be effective upon The effective date or the delayed effective					
This elective date of the delayed elective	t date cannot be prior to the d	ato are approation to mod. The	(De	layed effective date and/or time)	
Signature of Authorized Representative		Printed Name & Title		Date	
C T Corporation System		, consent to serve as the reg	istered agent on behalf	of the business entity.	
Typo/Print Name of Registered Agent	A	7 -		1 .	
By: C T Corporation System	CLI	Diane Stout, Asst. Secreta	ry	2/2/1/15	
Signature of Registered Agent	-37-02-1	and the second of the second o		7 24//	