1280971	.09
Michael G. Ac	lams

Kentucky Secretary of State Received and Filed: 5/11/2023 2:31 PM

mmoore ADD



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	

Certificate of Authority (Foreign Business Entity) FBE

Fee Receipt: \$90.00

Pursuant to the provisions of KRS 14A – 030 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:

Street or P.O. Box	City	State	Zip Code
Street or P.O. Box	City	State	Zip Code
	ive, 235 Fort Worth	TX	76137
Street or P.O. Box	City	State	Zip Code
3800 Sandshell Dr	ive, 235 FORT WORTH	TX	76137
ousiness addresses of the entity's representation	ives (secretary, officers and directors, m	anagers, trustees o	r general partners):
registered agent at that office is C T Corpo	oration System		
P.O. Box Numbers)	City	Sta	
	Frankfort	KY	40601
ss of the entity's registered office in Kentucky	is		
	City	State	Zip Code
Drive, #235	Fort Worth	TX	76137
ess of the entity's principal office is	, c	in fert blank, durau	on la considered perpetual.)
			on is considered percetual)
to under whose law the entity is crossized is		available for use; (otherwise, leave blank.)
entity to be used in Kentucky is (if applicable)	(Only provide if "real pame" in up		
		lary of State.)	
	to the same on record with the Course		
19 AMAR ANNA 19 ANNA DIANA	professional service corporation	other	
		public benefit	corporation
	and a second	and all the same	
	nonprofit corporation	protocoloriari	imited liability company
	entity to be used in Kentucky is (if applicable) htry under whose law the entity is organized is hization is 03-07-1994 ress of the entity's principal office is Drive, #235 ss of the entity's registered office in Kentucky eet, Suite 512 P.O. Box Numbers) registered agent at that office is <u>C T Corpo</u> business addresses of the entity's representat 3800 Sandshell Dr Street or P.O. Box 3800 Sandshell Dr	business trust limited liability company limited partnership litd cooperative association non-profit llc professional service corporation entity is Conner Industries, Inc. (The name must be identical to the name on record with the Secreter entity to be used in Kentucky is (if applicable): (Only provide if "real name" is un ntry under whose law the entity is organized is DE nization is 03-07-1994 and the period of duration ress of the entity's principal office is Drive, #235 Fort Worth City registered agent at that office is _C T Corporation System ousiness addresses of the entity's representatives (secretary, officers and directors, m 3800 Sandshell Drive, 235 Street or P.O. Box 3800 Sandshell Drive, 235 FORT WORTH Street or P.O. Box City Fort Worth City Fort Worth City	business trust limited liability company statutory trust limited partnership Itd cooperative association public benefit non-profit IIc professional service corporation other entity is Conner Industries, Inc. (The name must be identical to the name on record with the Secretary of State.) entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; entity under whose law the entity is organized is DE

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.

Dato	JASON SMITH - CFD	5/41	2023
Signature of Authorized Representative	Printed Name & Title	Dato	

Signature of Registered Agent	Printed Name	Title	Date
By: C T Corporation System Denise Be	Le Denise Bell	Assistant Secretary	05/10/2023
Type/Print Name of Registered Agent	2	g	
C T Corporation System	, consent to serve as the registered agent on behalf of the business entity.		