

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1339778.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/7/2024 3:13 PM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Busin	of Authority ness Entity)		r bc
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		for authority to transac	t business in Kentucky on b	pehalf of the entity named below
The entity is a: profit corpor business tru limited partn	st Imited liab	orporation ility company ative association	professional limite statutory trust public benefit con	ed liability company poration
non-profit llc		al service corporation	other	
2. The name of the entity is Aulick C	name must be identical to the name		ecretary of State)	·
The name of the entity to be used in		, on 10001 a Will the 00	or otato.,	
,	(Only pr		unavailable for use; othe	rwise, leave blank.)
4. The state or country under whose la			nornotual	· · · · · · · · · · · · · · · · · · ·
5. The date of organization is 01/23/2	.024	_and the period of durat	(If left blank, duration i	s considered perpetual.)
The mailing address of the entity's p 740 Enterprise Drive	rincipal office is	Lexington	KY	40510
Street Address		City	State	Zip Code
7. The street address of the entity's reg 421 West Main Street	istered office in Kentucky is	Frankfort		40601
Street Address (No P.O. Box Number	rs)	City	KY State	Zip Code
and the name of the registered agent at				Elp oodo
				· · · · · · · · · · · · · · · · · · ·
The names and business addresses				
Waterworks Solutions Acquisition, Inc. Name	550 Dixie Highway, Suite 300 Street or P.O. Box	Coral Gables	FL	33146
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
If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation	re states or territories of the United Sta			
10. I certify that, as of the date of filing t	his application, the above-named entit	y validly exists under the	e laws of the jurisdiction of i	ls formation.
11. If a limited partnership, it elects to b	e a limited liability limited partnership.	Check the box if applic	eable:	
12. If a limited liability company, check	k box if manager-managed:			
13. This application will be effective upo		Frey moreis	ار، CEO وا	/29/24
Signature of Authorized Representative		Printed Name & Title		Date
I, Corporation Service Company Type/Print Name of Registered Agent	, con	nsent to serve as the req	gistered agent on behalf of t	he business entity.
Oansa Faliniana-Airea	corporation 6	Service Company	Assistant Secretary	04/20/2024
Jorge Feliciano-Ameze Signature of Registered Agent	Printed Name	bervice Company	Title	01/30/2024 Date

(2/23)