Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Authority

Pursuant to the provisions of KRS 14A.9 - 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.

1. The business entity is a profit corporation.

2. The name of the entity is: ALMO DISTRIBUTING NEW YORK INC

3. The name of the entity to be used in Kentucky is (if applicable):

4. The state or country whose law the entity is organized is Pennsylvania.

5. The date of organization is 6/10/1996 and the period of duration is perpetual.

7. Principal Offi	ce		
2709 COMMERC	E WAY		
PHILADELPHIA,	PA 19154		
8. Required Rep	presentatives		
Officer	NADINE ROBINSON	2709 COMMERCEPHILADELPHIA PA WAY	19154
9. Registered Ag	gent/Office		
PATRICK SULLIN	/AN		
145 DALE HOLL	OW DRIVE UNIT 12		

ERLANGER, KY 41018

I, **PATRICK SULLIVAN**, consent to serve as the **Registered Agent** on behalf of this Entity. on Tuesday, November 15, 2022

As the Authorized Representative, I, **NADINE ROBINSON**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **TREASURER**

P101

1242381

Michael G. Adams

KY Secretary of State Received and Filed

Fee receipt: \$90.00

11/15/2022 12:38:43 PM

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