



COMMONWEALTH OF KENTUCKY

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/20/2023 1:01 PM Fee Receipt: \$90.00

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	MICHAEL G. AI	DAMS, SECRETARY OF S	TATE	3/20/2023 1:01 PM Fee Receipt: \$90.00
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		cate of Authority Business Entity)		FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		applies for authority to transact b	usiness in Kent	ucky on behalf of the entity named be
1. The entity is a: profit corpora business true limited partne non-profit llc	st limit ership ltd c prof	profit corporation ed liability company cooperative association essional service corporation	profession statutory other	onal limited liability company y trust
2. The name of the entity is <u>Numafa USA</u> (The	a, Inc. name must be identical to the	e name on record with the Secr	etary of State.)	
 The name of the entity to be used in The state or country under whose law 	(0	Only provide if "real name" is u ^{rgia}	navailable for u	use; otherwise, leave blank.)
5. The date of organization is <u>10/21/2015</u>		and the period of duration		uration is considered perpetual.)
6. The mailing address of the entity's pr 10055 Regal Row Ste 150	incipal office is	Houston	-	77040-3265
Street Address		City	Texas State	Zip Code
7. The street address of the entity's reg 828 Lane Allen Rd Ste 219	istered office in Kentucky is	Lexington	KY	40504
Street Address (No P.O. Box Number	s)	City		State Zip Code
and the name of the registered agent at	that office is Capitol Corporate S	Services, Inc.		
8. The names and business addresses	of the entity's representatives ((secretary, officers and directors,	managers, trust	ees or general partners):
Olaf Leendert Andeweg	10055 Regal Row Ste 150	Houston	Texas	77040-3265
Name Michiel Adrianus Leendert Plaisier	Street or P.O. Box 10055 Regal Row Ste 150	City Houston	State Texas	Zip Code 77040-3265
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, a and treasurer are licensed in one or more statement of purposes of the corporation	re states or territories of the Un			
10. I certify that, as of the date of filing the	his application, the above-name	ed entity validly exists under the la	aws of the jurisd	liction of its formation.
11. If a limited partnership, it elects to be	e a limited liability limited partne	ership. Check the box if applicab	le:	
12. If a limited liability company, check	k box if manager-managed:			
13. This application will be effective upo	n filing.			
	tally signed by Glenn Campbell e: 2023.03.15 15:44:34 -05'00'	Glen Campbell, Vice	-President	t 03/15/2023
Signature of Authorized Representative		Printed Name & Title		Date
I, Capitol Corporate Servic Type/Print Name of Registered Agent		, consent to serve as the regis	tered agent on l	behalf of the business entity.
)	Weth Cludard Yvette	e Cleveland, Assistant	Secretarv	3/20/2023
Signature of Registered Agent	Printed Na		tle	Date

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Numafa USA, Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	:	24790663
Date Inc/Auth/Filed	:	10/21/2019
Jurisdiction	:	Georgia
Print Date	:	03/16/2023
Form Number	:	211

Brad Raffensper

Brad Raffensperger Secretary of State

