

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Michael G. Adams Kentucky Secretary of State Received and Filed: 2/20/2024 2:21 PM Fee Receipt: \$90.00

FBE

Division of Business Filin P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	igs		rtificate of Author reign Business Entity)	ity		FBE	
Pursuant to the provisions and, for that purpose, subm			ereby applies for authority t	o transact business ir	n Kentucky on be	half of the entity named below	
1. The entity is a: X profit corp		ation nonprofit corporation		pro	professional limited liability company		
	business trust	t	limited liability company	sta	atutory trust		
limited partners		rship	Itd cooperative association		public benefit corporation		
	non-profit IIc		professional service corp	oration oth	ier		
2. The name of the entity is	GROB Sys	tems, Inc.					
names - Theorem and a substrain some same same and a substrain the second s	(The n	ame must be identical	to the name on record wi	th the Secretary of S	State.)		
3. The name of the entity t	o be used in k	Centucky is (if applicable					
			(Only provide if "real	name" is unavailabl	e for use; otherv	vise, leave blank.)	
4. The state or country und							
5. The date of organization	is 2/04/198		and the perio	d of duration is	ank duration is	considered perpetual.)	
6. The mailing address of t	the entity's pri	ncipal office is		(ii leit bi	ank, duration is	considered perpetual.)	
1070 Navajo Dr		nan in an	Bluffton		DH	45817	
Street Address			City	S	tate	Zip Code	
7. The street address of th 306 W. Main Street, Su		stered office in Kentucky	is Frankfort		KY	40601	
Street Address (No P.O. E	Box Numbers	)		City	State	Zip Code	
and the name of the registe	ered agent at t	hat office is CT Corp	ooration System				
			atives (secretary, officers an	d directors, managers	s, trustees or gene	eral partners):	
				-		45817	
Annette Heslep, CFO Name		1070 Navajo Drive Street or P.O. Box	Bluffton City		)H itate	Zip Code	
Mame		Street of P.O. DOX	Oity	•	lato	Lip oodo	
Name		Street or P.O. Box	City	S	itate	Zip Code	
Name		Street or P.O. Box	City	S	tate	Zip Code	
and treasurer are licensed statement of purposes of the 10. I certify that, as of the c	in one or more ne corporation date of filing th it elects to be npany, check	e states or territories of is application, the above a limited liability limited box if manager-manage	the United States or District e-named entity validly exists partnership. Check the bo	of Columbia to rende	r a professional s		
ro. This application will be	oncouve upor						

Julie Benziger	Julie Benziger, Corporate Counsel	February 20, 2024		
Signature of Authorized Representative	Printed Name & Title	Date		
L C T Corporation System	, consent to serve as the registered agent on behalf of the business entity.			
Type/Print Name of Registered Agent				
CTC-mention Statem				

By: C T Corporation System	Sherry McGinnes	Assistant Secretary	2/20/2024
Signature of Registered Agent	Printed Name	Title	Date

Julie Benziger

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