

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

1352987 1352987

Michael G. Adams  
KY Secretary of State  
Received and Filed

3/26/2024 8:58:18 PM

Fee receipt: \$90.00

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

FBE

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 **limited liability company**.
2. The name of the entity is: **ALL SEASON POWER LLC**
3. The state or country whose law the entity is organized is **Texas**.
4. The date of organization is **1/16/2024** and the period of duration is **perpetual**.  
This Filing is Effective on Tuesday, March 26, 2024
5. This entity is managed by Members

**6. Principal Office**

794 School House Road  
New Castle, DE 19720

**7. Required Representatives**

Member	Joseph Cohen	794 School House New Castle Road	DE	19720
Member	Bryan Hanlon	794 School House New Castle Road	DE	19720
Member	Paul Riley	794 School House New Castle Road	DE	19720

**8. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Ethan Scott**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, March 26, 2024

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