

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/1/2023 10:53 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.qov		Certificate of Authority (Foreign Business Entity)		FBE	
Pursuant to the provisions of KRS 14 and, for that purpose, submits the following the		hereby applies for authority	to transact business in Ken	tucky on behalf of the	entity named belov
1. The entity is a: profit corporation business trust limited partnership non-profit llc		Ilmited liability company sta		professional limited liability company statutory trust public benefit corporation ther	
2. The name of the entity is Wingfoo	t Brands LLC	al to the name on record w	with the Secretary of State	1	
3. The name of the entity to be used4. The state or country under whose	I in Kentucky is (if applicable law the entity is organized	ole): (Only provide if "rea	I name" is unavailable for		blank.)
5. The date of organization is 12/14/	2021	and the period	od of duration is	duration is considere	d nernetual)
6. The mailing address of the entity's	s principal office is	Alman			a perpetually
200 Innovation Way Street Address		Akron	OH State	44316 Zip Code	· ·
7. The street address of the entity's 421 West Main Street	registered office in Kentuc	Vis. as		406	
Street Address (No P.O. Box Num	bers)	- Tankon	City KY	State	Zip Code
and the name of the registered agen 8. The names and business address The Goodyear Tire & Rubber Company	ses of the entity's represer 200 Innovation Way	ntatives (secretary, officers an	OH_	44316	
Name Goodyear International Corporation	Street or P.O. Box 200 Innovation Way	City Akron	State OH	Zip Code 44316)
Name	Street or P.O. Box	City	State	Zip Code	•
Name	Street or P.O. Box	City	State	Zip Code	9
9. If a professional service corporation and treasurer are licensed in one or statement of purposes of the corporations.	more states or territories of				
10. I certify that, as of the date of filir	ng this application, the abo	ve-named entity validly exist	s under the laws of the juris	diction of its formation.	
11. If a limited partnership, it elects to	o be a limited liability limite	ed partnership. Check the b	ox if applicable:		
12. If a limited liability company, ch	neck box if manager-man	aged:			
13. This application will be effective to	upon filing.			NII25 1222	
Signature of Authorized Bayes and the	oung	Daniel T. Young, Auti		Date	
Signature of Authorized Representative	0	riinted Na	ane & Title	Date	
I, Corporation Service Company Type/Print Name of Registered Agent		, consent to serve	e as the registered agent on	behalf of the business	entity.
Dv:	Janual Goppe	aniel Yopp	Assistant Se	cretary	04/28/2023
By: Signature of Registered Agent		rinted Name	Title	·	Date