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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/19/2012 12:00 AM Fee Receipt: \$90.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Certificate of A			FBE
PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Busin	ess Entity)		T State 1 Stat
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and	and KRS 271B, 273, 274,27 for that purpose, submits t	5, 362 and 386 the undersigned hereby the following statements:	y applies for authority	y to transact business in Kentucky
business t	oralion (KRS 271B). Inust (KRS 386).	nonprofit corporation (KRS 273). [Imited liability company (KRS 275). [ervice corporation (KRS 274). nited liability company (KRS 275).
2. The name of the entity is Lake (The name mu	COUNTY SCWC	n record with the Secretary of State.)		
3. The name of the entity to be used in I	Kenlucky is (if applicable):_((Lake Courty Sewer	Co., INC.	ave blank)
4. The state or country under whose law	v the entity is organized is_	OHIO		
5. The date of organization is OC+. 6	13,1981	and the period of duration is	(if left bi	ank, the period of duration
6. The mailing address of the entity's pri	incipal office is		ls c	onsidered perpetual.)
32900 Laur land Bu Street Address	<u>ıq . </u>	WILLOWICK	OH10	UUOGS Zin Code
7. The street address of the entity's regi	stered office in Kentucky is			
304 W. Min St. Sut		Frankfurt	KY	40601
and the name of the registered agent at			State	zip code
8. The names and business addresses of	of the entity's representative	t es (secretary, officers and directors, ma	magers, trustees or p	general partners):
Frank's Klima Tr. Pits.	32900 Lakelan	d BWd. WILLOWICK	OH	4095
	Street or P.O. Box	City	State	Zip Code
Patricia A IMLUVCPI V-P.	Street or P.O. Box	City	State	Zip Code
Rick Marvan Scc.	. 0	IV.	is	<i>(</i>)
Name	Street or P.O. Box	City	State	Zip Code
If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation	e states or temtories of the l i.	United States or District of Columbia to	render a profession	al service described in the
10. I certify that, as of the date of filing th 11. If a limited partnership, it elects to				fils formation.
12. This application will be effective upon The effective date of the delayed effective	n filing, unless a delayed efficient of the delayed efficient of the delayed of the delayed of the delayed efficient of t	ective date and/or time is provided, e date the application is filed. The date	and/or time is	yed effective date and/or time)
		D'ON MAGNINA! S	På	yeu enecove date and/or time)
Signature of Authorized Representative	~ .	Printed Name & Title	<u> </u>	Date
I, CT CONDINATION STATES Type/Print Name of Registered Agent	sipstem	, consent to serve as the register	ed agent on behalf o	f the business entity.
Katey Mass	Kat	by Judy As	st. Secre	tary 12/18/2012
Signature of Registered Agent	Printed	Name fille		Date

FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The corporation must indicate if it is a corporation (KRS 271B), a nonprofit corporation (KRS 273), a professional service corporation (KRS 274), a business trust (KRS 386), a limited liability company (KRS 275) or a limited partnership (KRS 362) by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic non-corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chalman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. A delayed effective date may not be later than the 90th day after the date of filing.

WHO MAY SIGN

The document must be signed by an officer, chalman of the board, member, manager, trustee or a partner.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filling fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Alison Lundergan Grimes Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES.

The business entity must file an annual report with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A statement of change of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.