

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1335691.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/23/2024 2:17 PM

Fee Receipt: \$90.00

Division of Business Fil P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	lings		tificate of Authority lign Business Entity)		FBE	
Pursuant to the provision and, for that purpose, sub	s of KRS 14A -	030 the undersigned her	reby applies for authority to transact	ct business in Kentu	cky on behalf of the entity named belo	
1. The entity is a: X	profit corporal	tion	nonprofit corporation professional limi		nal limited liability company	
	business trust		limited liability company		statutory trust	
	limited partnership		Itd cooperative association	public ber	public benefit corporation	
	non-profit IIc		professional service corporation		other	
2. The name of the entity		ame must be identical t	o the name on record with the Se	ecretary of State.)		
3. The name of the entity				corotary or craise,		
The state or country u			(Only provide if "real name" is	s unavailable for us	se; otherwise, leave blank.)	
5. The date of organization			and the period of dura	tion is perpetual		
			and the period of data	(If left blank, du	ration is considered perpetual.)	
The mailing address of 1823 Eastchester Drive		ncipal office is	Histories	NC	27265	
Street Address	/e		High Point City	NC State	27265 Zip Code	
7. The street address of	the entity's regi	stared office in Kentucky	•	Otato		
306 W. Main Street, S		stered office in Kentucky	Frankfort	KY	40601	
Street Address (No P.O		3)	City	- KI	State Zip Code	
and the name of the regis	stered agent at t	that office is CT Corpo	oration System			
			ves (secretary, officers and director	m managere truetor	es or general partners):	
				•		
Robert G. Culp, IV		1823 Eastchester Drive		NC State	27265	
Name Kenneth R. Bowling		Street or P.O. Box 1823 Eastchester Driv	city High Point	State NC	Zip Code 27265	
Name		Street or P.O. Box	City	State	Zip Code	
Ashley C. Durbin		1823 Eastchester Driv		NC	27265	
Name		Street or P.O. Box	City	State	Zip Code	
	d in one or more	e states or territories of the	ers, not less than one half (1/2) of t e United States or District of Colum		of the officers other than the secretary essional service described in the	
10. I certify that, as of the	date of filing th	is application, the above-	named entity validly exists under th	e laws of the jurisdic	tion of its formation.	
11. If a limited partnershi	p, it elects to be	a limited liability limited p	artnership. Check the box if applic	cable:		
12. If a limited liability co	ompany, check	box if manager-manage	d:			
13. This application will b	e effective upon	filing.				
Philon C	· Dunl	1.11	Ashley C. Durbin, General Counsel	& Corporate Secretary	January 22, 2024	
Signature of Authorized Re	presentative	000	Printed Name & Title		Date	
I, C T Corporation Sys	stem stered Agent		, consent to serve as the re-	gistered agent on be	half of the business entity.	
The second secon	ation System	and tolled	David Westcott	Assistant Secretary	01/22/2024	

Printed Name

Title

Date

Signature of Registered Agent



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CULP, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 16th day of March, 1972, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of January, 2024.

Elaine J. Marshall

Secretary of State

Certification# 118324669-1 Reference# 20695726- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification