



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD
Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 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 entity is a: profit corporation nonprofit corporation professional limited liability company
 business trust limited liability company statutory trust
 limited partnership ltd cooperative association other
 non-profit llc professional service corporation

2. The name of the entity is Mesabi GreenIron LLC
(The name must be identical to the name on record in the state where the entity was formed.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if name on line 2 is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 02/18/2025 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
17113 Co Rd 58 Nashwauk MN 55769
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306.W. Main Street, Suite 512 Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is CT Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
<u>Rakesh Kankanala</u>	<u>17113 Co Rd 58</u>	<u>Nashwauk</u>	<u>MN</u>	<u>55769</u>
<u>Artem Matyushok</u>	<u>17113 Co Rd 58</u>	<u>Nashwauk</u>	<u>MN</u>	<u>55769</u>

9. If a professional service corporation, all the individual shareholders; not less than one half (1/2) of the directors; and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check the box if manager-managed:

13. This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable:

/s/Rakesh Kankanala Rakesh Kankanala, Manager 04/24/2025
Signature of Authorized Representative Printed Name & Title Date

I, CT Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: CT Corporation System Laura Broderick Asst. Secretary 4/25/2025
Signature of Registered Agent Printed Name Title Date

Delaware

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The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MESABI GREENIRON LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



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SR# 20251785282

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203532502

Date: 04-25-25