

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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 **profit corporation**.
2. The name of the entity is: **KOMPAN, INC.**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **11/26/1991** and the period of duration is **perpetual**.

7. Principal Office

605 W. Howard Ln.
Suite 101
Austin, TX 78753

8. Required Representatives

Officer	Jethro Montzka	605 W. Howard Lane, Suite 101	Austin	TX	78753-7875
Officer	Eric Lewis	605 W. Howard Ln., Suite 101	Austin	TX	78753-7875
Officer	Edward J Wright, Jr	1 Capitol Mall Ste 670	Sacramento	CA	95814
Director	Connie Astrup-Larsen	605 W. Howard Ln., Suite 101	Austin	TX	78753-7875
Director	Peter Elkjaer-Larsen	605 W. Howard Ln., Suite 101	Austin	TX	78753-7875

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Jennifer M. Weeks**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, January 23, 2023

As the Authorized Representative, I, **Edward J. Wright, Jr.**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Corporate Secretary**