

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  
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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: **WHIRLPOOL CERTIFIED CARE, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Arizona**.
5. The date of organization is **8/25/2023** and the period of duration is **perpetual**.

**7. Principal Office**

2000 N M-63  
Benton Harbor, MI 49022

**8. Required Representatives**

<b>Officer</b>	Timothy Schifer	2000 N M-63	Benton Harbor	MI	49022
<b>Director</b>	Timothy Schifer	2000 N M-63	Benton Harbor	MI	49022
<b>Officer</b>	Eric Becker	2000 N M-63	Benton Harbor	MI	49022
<b>Secretary</b>	Bridget Quinn	2000 N M-63	Benton Harbor	MI	49022
<b>Director</b>	Bridget Quinn	2000 N M-63	Benton Harbor	MI	49022

**9. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Eric T. Moore, Assistant Secretary**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, October 20, 2023

As the Authorized Representative, I, **Eric Becker**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Vice President**