

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

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07/18/2024

Date

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 7/19/2024 9:54 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)			
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		pplies for authority to transact l	business in Kentucky o	on behalf of the entity named below
1. The entity is a: profit corpora	ation nonp	nonprofit corporation professional limited liability company		
business trust		limited liability company statutory trust		
limited partn	· —	operative association	public benefit	corporation
non-profit llc	·	ssional service corporation	other	
2. The name of the entity is Anglo An	nerican Marketing Limited name must be identical to the	name on record with the Sec	retary of State.)	
3. The name of the entity to be used in			, ,	
4. The state or country under whose law	( <b>O</b> w the entity is organized is <b>Unit</b>	nly provide if "real name" is o ed Kingdom	unavailable for use; o	otherwise, leave blank.)
5. The date of organization is March	7, 1946	and the period of duration		on is considered perpetual.)
6. The mailing address of the entity's p	rincipal office is		(II left blank, duraut	on is considered perpetual.
17 Charterhouse Street		London	UK	EC1N 6RA
Street Address		City	State	Zip Code
7. The street address of the entity's reg	istered office in Kentucky is	E 16.6		40004
421 West Main Street Street Address (No P.O. Box Number	re)	Frankfort City	KYSta	40601 Zip Code
and the name of the registered agent at		•	318	Zip Gode
				·
<ol> <li>The names and business addresses</li> <li>See Rider A</li> </ol>	of the entity's representatives (s	ecretary, officers and directors,	, managers, trustees o	r general partners):
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
<ul> <li>9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation</li> <li>10. I certify that, as of the date of filing the statement of purposes of the corporation</li> <li>11. If a limited partnership, it elects to be statement of purposes of the corporation</li> <li>12. If a limited liability company, check the statement of purposes of the corporation</li> <li>13. This application will be effective upon</li> </ul>	re states or territories of the Unit n. his application, the above-name e a limited liability limited partner k box if manager-managed:	ed States or District of Columbided States or District of Columbided entity validly exists under the ship. Check the box if application	a to render a profession laws of the jurisdiction	onal service described in the
	Dominic Wood	Dominic Wood, Director a	and CFO /	17 July 2024   0
Signature of Authorized Representative	33339C1E12C7412	Printed Name & Title		Date

Corporation Service Company

Ethan Scott

**Printed Name** 

, consent to serve as the registered agent on behalf of the business entity.

Title

**Assistant Secretary** 

I, Corporation Service Company

Type/Print Name of Registered Agent

Signature of Registered Agent

## **Anglo American Marketing Limited**

## <u>Rider A</u>

## Kentucky Certificate of Authority

Title	Name	Address
Director and CEO	Matthew Walker	17 Charterhouse Street, London, EC1N 6RA, UK
Director and CFO	Dominic Wood	17 Charterhouse Street, London, EC1N 6RA, UK
Director	Katie Laura Southwell	17 Charterhouse Street, London, EC1N 6RA, UK
Director	Andrew Fereday	17 Charterhouse Street, London, EC1N 6RA, UK
Director	Anton Gerber	17 Charterhouse Street, London, EC1N 6RA, UK
Director	Amrik Singh Sandhu	17 Charterhouse Street, London, EC1N 6RA, UK
Director	Paul Ward	17 Charterhouse Street, London, EC1N 6RA, UK