

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1291095.09

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Michael G. Adams Kentucky Secretary of State Received and Filed:

6/28/2023 10:57 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ficate of Authority gn Business Entity)	•	FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		eby applies for authority to transa	act business in Kentucky on	behalf of the entity named below
1. The entity is a: profit corpor business trulimited partr	nership	nonprofit corporation limited liability company ltd cooperative association professional service corporation	professional limi statutory trust public benefit co	ted liability company
2. The name of the entity is Wis-Pak Ce	ntral, Inc.	Abo nome on no and with the C	Sacratamy of State \	·
•		the name on record with the S	secretary or State.)	
3. The name of the entity to be used in	Kentucky is (if applicable):	(Only provide if "real name"	is unavailable for use; oth	nerwise, leave blank.)
4. The state or country under whose la	w the entity is organized is_	Wiscons	in	
5. The date of organization is 1/1/1969		and the period of du	ration is	is considered perpetual.)
6. The mailing address of the entity's p	orincipal office is		(II left blank, daration	is considered perpetual.
860 West Street		Watertown	WI State	53094 71- 0- 4-
Street Address 7. The street address of the entitude re-	nistared office in Kentucky i	City	State	Zip Code
7. The street address of the entity's re 421 West Main Street	gistered office in Kentucky i	Frankfort	KY	40601
Street Address (No P.O. Box Number	rs)	City	State	
and the name of the registered agent a	t that office is Corporation So	ervice Company	<u> </u>	
8. The names and business addresses	s of the entity's representati	ves (secretary, officers and direct	tors, managers, trustees or g	general partners):
Matt Miklosy	860 West Street	Watertown	WI	53094
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
9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation	ore states or territories of the	e United States or District of Colu	ımbia to render a profession	nal service described in the
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	of its formation.
11. If a limited partnership, it elects to	pe a limited liability limited p	artnership. Check the box if app	olicable:	
12. If a limited liability company, che-	ck box if manager-manage	d: 🔲		
13. This application will be effective up	on filing.			
2/1/12	~	Matt Miklosy, President	6/19/3	23
Signature of Authorized Representative		Printed Name & Til	llo	Date
Corporation Service Company Type/Print Name of Registered Agent		, consent to serve as the	registered agent on behalf o	of the business entity.
By: Cric T. Moore	Con	poration Service Company	Assistant Secretary	06/27/2023
Signature of Registered Agent		od Name	Title	Date