

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1360999.06

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

4/29/2024 3:00 PM 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)			FBE				
Pursuant to the provisi and, for that purpose,	ions of KRS 14A – submits the following	030 the undersig	ned he	reby applies for author	ity to transact bus	siness in Kentuc	ky on behalf of th	e entity named belov	
1. The entity is a:	profit corporat	ion		nonprofit corporation		profession	professional limited liability company		
Section Committee Control (Control Control Con	business trust	business trust		limited liability company		statutory tr	statutory trust		
	limited partne	limited partnership		Itd cooperative association		public benefit corporation			
	non-profit IIc			professional service corporation		other			
2. The name of the en	tity is DUNN UT	ILITY PRODU	CTS I	LLC					
	(The n	ame must be ide	ntical	to the name on record	with the Secret	ary of State.)			
3. The name of the en	tity to be used in K	Centucky is (if app	licable)	: (Only provide if "r	aal namali la una	wallahla far ua	or othonules los	ve blank)	
4. The state or country	v under whose law	the entity is organ	nized is		ear name" is una	available for us	e; otherwise, lea	ve blank.)	
5. The date of organiza			nzou ic		eriod of duration i	s	AN CONTRACTOR OF THE PARTY OF T		
					(1	f left blank, dur	ation is conside	red perpetual.)	
6. The mailing addres	s of the entity's pri	ncipal office is		BYRA	м	MS	39272		
6699 I-55 SOUTH Street Address				City	IVI	State	Zip Co		
	-64b	tored office in Vo	atualus	•					
 The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512 				Frankf	ort	KY	406	501	
Street Address (No P.O. Box Numbers)				Tunki	City		State	Zip Code	
and the name of the re		7.	Corp	oration System	-				
						anages trustes	a or goneral ports	ora):	
8. The names and bus	siness addresses o	of the entity's repre	esentat	tives (secretary, officers	and directors, m	anagers, trustee	s or general parti	iers):	
SHANE HUFF 133 NEW RAGSDAL					MS	39110			
Name		Street or P.O. Bo	×	City		State	Zip Co	ode	
Name		Street or P.O. Bo	x	City		State	Zip Co	ode	
Name		Street or P.O. Bo	x	City		State	Zip Co	de	
and treasurer are licen statement of purposes	sed in one or more of the corporation	e states or territori	es of th	ders, not less than one ne United States or Dis	rict of Columbia t	o render a profe	ssional service de	escribed in the	
10. I certify that, as of	the date of filing th	is application, the	above	-named entity validly ex	ists under the law	vs of the jurisdic	tion of its formation	n.	
11. If a limited partners	ship, it elects to be	a limited liability I	imited	partnership. Check the	box if applicable	c			
12. If a limited liability	company, check	box if manager-i	manag	ed:					
13. This application wi	Il be effective upon	filing.							
C.W	4			Howard (cod	Wilkins	Manager_	04/10/2024		
Signature of Authorized	Representative			Printed	Name & Title		Date		
I, C T Corporation	System	-		, consent to se	rve as the registe	red agent on be	half of the busine	ss entity.	
C.T.Corn	oration System		500		Ä	ociotant Cas-	otom	04/26/2024	
By:	oration System	YUWATUU VOAL		rristine Kelm		ssistant Secr	etary		
Signature of Registered	Agent		Prin	ted Name	Title	9		Date	