



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

**1233022.09** kdcoleman  
ADD  
**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
9/22/2022 11:34 AM  
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**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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 entity is a:  profit corporation       nonprofit corporation       professional limited liability company  
 business trust       limited liability company       statutory trust  
 limited partnership       ltd cooperative association       other  
 non-profit llc       professional service corporation

2. The name of the entity is Amphenol Custom Cable Inc.  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Florida

5. The date of organization is March 2023 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
3221 Cherry Palm Drive      Tampa      Florida      33619  
Street Address      City      State      Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512,      Frankfort      KY      40601  
Street Address (No P.O. Box Numbers)      City      State      Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Melissa Steward	3221 Cherry Palm Drive	Tampa	Florida	33619
Ashley Keever	3221 Cherry Palm Drive	Tampa	Florida	33619
Newell Reid	3221 Cherry Palm Drive	Tampa	Florida	33619

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

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 its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

[Signature]      Stewart Saad      General Manager      09/09/2022  
Signature of Authorized Representative      Printed Name & Title      Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

By: [Signature]      Jennifer Mincer      Assistant Secretary      9/9/2022  
Signature of Registered Agent      Printed Name      Title      Date