

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/11/2022 12:59 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)

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 Itd cooperative association other non-profit IIc professional service corporation 2. The name of the entity is Omaha Fixture Manufacturing, 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 Nebraska 5. The date of organization is 12/30/1966 and the period of duration is (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 14301 FNB Pkwy., Ste 100 Omaha **Street Address** State Zip Code City 7. The street address of the entity's registered office in Kentucky is 828 Lane Allen Road, Suite 219 Lexington 40504 Street Address (No P.O. Box Numbers) State City Zip Code and the name of the registered agent at that office is Registered Agent Solutions, Inc. 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Joel Alperson 14301 FNB Pkwy, Ste. 100 Omaha NE 68154 Street or P.O. Box Zip Code Name City State Scott Dugan 14301 FNB Pkwy, Ste. 100 Omaha NE 68154 Name Street or P.O. Box Citv State Zip Code Name Street or P.O. Box City State Zip Code 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. Scott Dugan, VP Finance 8/10/2022 Signature of Authorized Representative **Printed Name & Title** Date I, Registered Agent Solutions, Inc. consent to serve as the registered agent on behalf of the business entity. Type/Print Name of Registered Agent Adam Saldana Assistant Secretary 8/10/2022 Signature of Registered Agent **Printed Name** Title Date