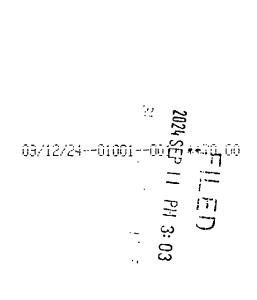
F2400000 4776

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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T. LEMIEUX SEP 11 2024

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: ONCENTIC Corpora | oration of America. tion-must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but | Standing" and check are submitted to register the |
| Please return all correspondence concerning this ma | atter to the following: |
| Name | of Person |
| Concentric Corporation | of America |
| 128 Day Jane | Company |
| London Ky 40141 | ddress |
| City/Sta | te and Zip code |
| Durtneye Concentric Corp. US E-mail address: (to be us | ed for future annual report notification) |
| For further information concerning this matter, plea | |
| David Baker accubu | , 682=1211 |
| Name of Person Area (| Code Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status | ENT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & |
| Continued of Guilla | Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | WITH SECTION 607.1503, FLORIDA S EIGN CORPORATION TO TRANSACT I | | |
|--------------------|--|--|----------------------------|
| Λ | C Corporation O | | |
| "Inc.," "Co.," "Co | rp," "Inc," "Co," or "Corp.") | COMI ANT, COM ORTHON, | |
| | | | |
| (If name unavaila | ble in Florida, enter alternate corporate name | adopted for the purpose of transacting b | usiness in Florida) |
| 2. Kentuck | <u>J</u> | | |
| (State or country | winder the law of which it is incorporated) $ \begin{array}{ccccccccccccccccccccccccccccccccccc$ | (FEI mumber, if applied | |
| (Date | of incorporation) | (Date of duration, if other than | n perpetual) |
| 6 | (Date first transacted business i | n Florida, if prior to registration) | |
| | | 502, F.S., to determine penalty liability) | |
| 7. 128 | Valla Lond | on Ky 40741 | |
| | (Principal of | ice <u>street</u> address) | |
| | (Current maili | ng address, if different) | |
| | | - | 202 |
| 8. Name and stree | t address of Florida registered agent: (P. | D. Box NOT acceptable) | 77 2024 SEP |
| Name: | 1st United CBS, LLC | | |
| Office Address: | 3590 Frontier Rd | | 2 1 |
| | | , Florida <u>32,309</u> | D 1 3: 03 |
| | (City) | (Zip code) | 03 |
| 9. Registered age | nt's acceptance: ed as registered agent and to accept serv | ice of process for the above stated co | ornoration at the place |
| designated in this | application, I hereby accept the appoint | ment as registered agent and agree t | to act in this capacity. I |
| | omply with the provisions of all statutes in with and accept the obligations of my po | | erjormance of my dattes |
| | | | |
| | W/165 | - | |
| | (Registered agent's s | ignature) | |
| | certificate of existence duly authenticated | | |
| the Department of | State, by the Secretary of State or other of | itticial having custody of corporate r | ecords in the jurisdiction |

under the law of which it is incorporated.

| A. DIRECTORS | \.V = n. C 11. | | | |
|--------------------|---|-----------------------|---------------------|---------------------------|
| □Chairman | Name: Jake McFadden | □ Chairman | Name: | |
| □Vice Chairman | Address: W 5th St | ☐Vice Chairman | Address: | |
| □Director | London Ky 4074 | Director | | |
| ☐ President | | President | | |
| Vice President | | ☐ Vice President | | |
| Secretary | Treasurer | ☐ Secretary | | Treasurer |
| Other | □ Other | Other | <u></u> | Other |
| □ Chairman | Name: David Baker | □ Chairm a n | Name: | |
| □Vice Chairman | Address: 580 Woods Edge | □Vice Chairman | Address: | |
| Director | Drive London Ky | Director | | |
| President | 4014 | □President | | |
| □Vice President | | ☐ Vice President | | |
| Secretary | ☐Treasurer | Secretary | | ☐Treasurer |
| □Other | □Other | □Other | | Other |
| Chairman | Name: COUP may Douton | Chairman | Name: | |
| □Vice Chairman | Address: 123 W 67 St | □Vice Chairman | Address: | |
| □Director | Landon Ky 40741 | ☐ Director | | |
| □President | | President | | |
| □Vice President | | □Vice President | | |
| Secretary | □Treasurer | Secretary | | ☐ Treasurer |
| Other | Other | Other | | Other |
| individuals may be | Use an attachment to report more than six (6). The attachment to the index when filing your Flor da Department Signature of Director | ent of State Annual R | port form. | urposes only. Non-indexed |
| | ector signing this document (and who is listed in number alse information submitted in a document to the Depart Typed or printed name and capacity of person | ment of State constit | utes a third degree | |

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 318987

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CONCENTRIC CORPORATION OF AMERICA

CONCENTRIC CORPORATION OF AMERICA is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is February 16, 1979 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 10th day of September, 2024, in the 233rd year of the Commonwealth.



Michael G. Adams Secretary of State

Commonwealth of Kentucky

Michael G. adams

318987/0115722