2/16/2021

Division of Corporations

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From:

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FLORIDA PROFIT/NON PROFIT CORPORATION

North American Refrigeration Co. Inc.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| | CIPAL OFFICE Principal <u>street</u> address | : | Mailing address, if different is |
|--|---|----------------------|--|
| 6100 Stilwell Street | | 6100 Stilwell Street | |
| ansas City, MO 6412 | 0 | Kansas C | ity, MO 64120 |
| RTICLE III PURPO ne purpose for which i | OSE the corporation is organized is: | ll lawful business | <u>. </u> |
| | | | |
| | | | |
| | | | |
| RTICLE IV SHAR ne number of shares of | stock is: | | |
| | AL OFFICERS AND/OR DIRECTORS Brian Schnepf, President/CEO e: | Name and Title | Joseph Guevel, CFO |
| | 6100 Stilwell Street | | 6100 Stilwell Street |
| | Kansas City, MO 64120 | | Kansas City, MO 64120 |
| | | | Namas City, WO 04120 |
| | Chris Smreker, Secretary | | |
| Name and Title | 6100 Stilwell Street | | |
| Name and Title | : | | |
| Address | 6100 Stilwell Street Kansas City, MO 64120 | Address: | |
| Address | 6100 Stilwell Street | Address: | |

| Name an | nd Title: | Name and Title. |
|-----------------------------------|---|---|
| Address | | Address: |
| | | |
| | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) | of the registered agent is: |
| Name. | C T Corporation System | _ |
| Address: | 1200 South Pine Island Road | |
| 714070 | Plantation, FL 33324. | - |
| <u>ARTICLE VII</u> | INCORPORATOR | |
| The name and a | ddress of the Incorporator is. | |
| Name: | Joseph Guevel | |
| Address: | 6100 Stilwell Street | _ |
| | Kansas City, MO 64120 | |
| Effective date, if | EFFECTIVE DATE: 02/15/2021 Tother than the date of filing: | (OPTIONAL) out be more than five days prior or 90 days after |
| | e inserted in this block does not meet the applicable effective date on the Department of State's records | e statutory filing requirements, this date will not be |
| | med as registered agentto acceptservice of proce am familiar with and accept the appointment as r | ess for the above stated corporation at the place de egistered agentand agreeto actinthis capacity |
| | Corporation System Ny Tofteroo Tammy Tofte | PFOO 02/15/2021 |
| | Required Signature/Registered Agent | Date |
| I submit this do documenttothe | cument and offirm that the facts stated herein a Department of State genetitings of third degree tel | e true. I am aware that the false information sub ony as provided for in s.817.155, F.S. |
| | Chromen | 02/15/2021 |
| Requ | Signature/Incorporator | Date |