RI SOS Filing Number: 202452096460 Date: 4/23/2024 10:13:00 AM



State of Rhode Island Office of the Secretary of State

Fee: \$150.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign (<u>limited (</u> L	<u> Viability</u>	/Compa	17
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Application for Registration

(Section 7-16-49 of the General Laws of Rhode (Sland), 1956, as amended)

ARTICLE I

The name of the limited liability company is: ControlTouch Systems, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: KY Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

ARTICLE IV

The date of its organization is: 8/17/2016

ARTICLE V

The period of its duration is: X Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street:

450 VETERANS MEMORIAL PARKWAY

SUITE 7A

City or Town:

EAST PROVIDENCE

State: RI Zip: <u>02914</u>

Name:

NATIONAL REGISTERED AGENTS, INC.

Article VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

BAGGAGE HANDLING SYSTEM AT PVD

ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street:

4528 BISHOP LANE

City or Town:

LOUISVILLE

State: KY

Zip: 40218

Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street:

4528 BISHOP LANE

City or Town:

LOUISVILLE

State: KY

Zip: <u>40218</u>

Country: <u>USA</u>

ARTICLE XI

The limited liabilty company is to be managed by its $\underline{\underline{\hspace{0.5cm}}}$ Members* or $\underline{\underline{\hspace{0.5cm}}}$ Managers (check one)

* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.

The name and address of each manager:

Title	Individual Name First, Middle, Lest, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL S MERMAN	4528 BISHOP LANE LOUISVILLE, KY 40218 USA

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 22 Day of April 2024 at 10.15.08 AM by the Authorized Darcon

<u>M</u>	MICHAEL MERMAN	
	orm No. 450 evised 09/07	
	0 2007 - 2024 State of Rhode Island Ill Rights Reserved	

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

Authentication number: 309943

Visit https://web.sos.ky.gov/flshow/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,

INTELLIMODUS, LL

INTELLIMODUS/LLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 17, 2016 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 23rd day of April, 2024, in the 232rd year of the Commonwealth.



Michael G. Adams

Secretary of State Commonwealth of Kentucky 309943/0960411 RI SOS Filing Number: 202452096460 Date: 4/23/2024 10:13:00 AM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

April 23, 2024 10:13 AM

Gregg M. Amore Secretary of State

Trags M aure

