



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

File #: 0003831068

Date Filed: 4/2/2020 3:13:00 PM

1. The name of the entity is: Optimus Solutions, Inc.
2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Business Corporation  | <input type="checkbox"/> General Partnership   |
| <input type="checkbox"/> Nonprofit Corporation  | <input type="checkbox"/> General Cooperative Association   |
| <input type="checkbox"/> Limited Liability Partnership  | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input type="checkbox"/> Limited Liability Company  | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust           |
| <input type="checkbox"/> Other: _____<br>(Use "Other" only if your foreign entity type is not listed above, and enter the type here.) |  |

4. Jurisdiction of formation: KY  
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:  
12711 Townepark Way, Louisville, KY 40243  
(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. Name and street address of registered agent in Idaho:  
Cogency Global Inc., 921 S. Orchard Street, Suite G, Boise, ID 83705  
(Name and Address)

9. The name, capacity, and mailing address of at least one governor:

|                        |                  |  |
|------------------------|------------------|--|
| <u>Randall S Young</u> | <u>President</u> | <u>12711 Townepark Way, Louisville, KY 40243</u> |
| (Name)                 | (Capacity)       | (Address)  |

|                         |                  |  |
|-------------------------|------------------|--|
| <u>Michael R Mercer</u> | <u>Secretary</u> | <u>12711 Townepark Way, Louisville, KY 40243</u> |
| (Name)                  | (Capacity)       | (Address)  |

Secretary of State use only

Typed Name: Michael R Mercer

Signature: \_\_\_\_\_

Capacity: Secretary

**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: 228247

Visit <https://app.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,

**OPTIMUS SOLUTIONS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is March 18, 2015 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 3<sup>rd</sup> day of March, 2020, in the 228<sup>th</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
228247/0916964