



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
4/14/2025 1:25 PM  
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Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://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 ☐ ltd cooperative association ☐ public benefit corporation  
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is PURIS Services, LLC

(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 Delaware

5. The date of organization is 03/10/2025 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
8686 New Trails Dr., Ste 115

Street Address	<u>The Woodlands</u>	<u>TX</u>	<u>77381</u>
	City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512

Street Address (No P.O. Box Numbers)	<u>Frankfort</u>	<u>KY</u>	<u>40601</u>
	City	State	Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

<u>PURIS LLC</u>	<u>8686 New Trails Dr., Ste 115</u>	<u>The Woodlands</u>	<u>TX</u>	<u>77381</u>
Name	Street or P.O. Box	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Name	Street or P.O. Box	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
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.

Thomas Gottsegen

Digitally signed by Thomas Gottsegen  
Date: 2025.03.28 16:39:17 -04'00'

Signature of Authorized Representative

Thomas Gottsegen, Authorized Person  
Printed Name & Title

03/28/2025  
Date

I, C T Corporation System

Type/Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the business entity.

By: Stephanie Hencz  
Signature of Registered Agent

Stephanie Hencz  
Printed Name

Assistant Secretary  
Title

03/28/2025  
Date