



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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ASN
Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718,
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- 1. The assumed name is: Turnaround Welding Services
- 2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Repcon, Inc.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- a Domestic General Partnership
- a Domestic Limited Liability Partnership
- a Domestic Limited Partnership
- a Domestic Business Trust
- a Domestic Corporation
- a Domestic Limited Liability Company
- a Domestic Statutory Trust
- a Domestic Limited Cooperative Association
- a Domestic Unincorporated Non-profit Association
- a Foreign General Partnership
- a Foreign Limited Liability Partnership
- a Foreign Limited Partnership
- a Foreign Business Trust
- a Foreign Corporation
- a Foreign Limited Liability Company
- a Foreign Statutory Trust
- a Foreign Limited Cooperative Association
- a Foreign Unincorporated Non-profit Association

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective date is _____.

5. The business is organized and existing in the state or country of 7501 Up River Rd., Corpus Christi, TX 78409

6. The mailing address is:

7501 Up River Rd. Corpus Christi TX 78409
Street Address or Post Office Box Numbers City State Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Anthony Triano Anthony Triano Vice President 07/10/2023
Authorized Party Signature Printed Name Title Date