

COMMONWEALTH OF KENTUCKY

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Michael G. Adams

Certificate of Authority Fee Receipt: \$90.00 Certificate of Authority (Foreign Business Entity) Fee Receipt: \$90.00 State of Authority Certificate of Authority (Foreign Business Entity) (Foreign Business Entity) Fee Receipt: \$90.00 The ontrop of the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below does not business trust			AMS, SECRETARY OF	STATE	Kentucky Sec Received and 1/30/2023 3:1	
O. Bbs 718 (Foreign Business Entity) Instants N 4002 (Foreign Business Entity) ussuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named beind for that purpose, submits the following statements: The entity is a:	Division of Business Filings	Certificate of Authority				
and/of. NY 41002 wide sets how	P.O. Box 718		-		1.001100000	400.00
www.sos.kv.gov ursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named bek rd, for that purpose, submits the following statements:: The entity is a: profit corporation Initiation of the purpose, submits the following statements:: profit corporation The name of the entity is Murphy Pipeline Contractors; LLC other (The name must be identical to the name on record with the Secretary of State.) The state or country under whose law the entity is organized in Delawarc The date of organization is (BX152020) and the period of duration is (II fert blank, duration is considered perpetual.) The date of organization is (BX152020) and the period of duration is (II fert blank, duration is considered perpetual.) The date of organization is (BX152020) and the period of duration is (II fert blank, duration is considered perpetual.) The date of organization is (BX152020) and the period of duration is (II fert blank, duration is considered perpetual.) The date of organization is (BX152020) and the period of duration is (II fert blank, duration is considered perpetual.) The date of organization is (BX152020) City State Zip Code The amage adduess of the entity's repisteret du	rankfort, KY 40602	(Foreigh E				
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City State Zip Code V. The street address of the entity's registered office in Kentucky is 6 W. Main Street, Suite 512 Frankfort KY 40601 306 W. Main Street, Suite 512 City State Zip Code and the name of the registered agent at that office is <u>C T Corporation System</u> City State Zip Code and the name of the registered agent at that office is <u>C T Corporation System</u> The woodlands TX 77381 BURIS LLC, Manager 8686 New Trails Dr, Ste 115 The Woodlands TX 77381 PURIS LLC, Manager 8686 New Trails Dr, Ste 115 The Woodlands TX 77381 Name Street or P.O. Box City State Zip Code 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 secretar difference are reliebensed 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 liability limit	 Ind, for that purpose, submits the follow The entity is a: profit corporation business true business true limited partner non-profit llc The name of the entity is <u>Murphy P</u> (The state or country under whose law 5. The date of organization is <u>08/15/20</u> The mailing address of the entity's p 	ing statements: ation nonp st imite ership limite tipeline Contractors, LLC name must be identical to the Kentucky is (if applicable): (0 w the entity is organized is Dela 020	orofit corporation ed liability company opperative association essional service corporation name on record with the Se only provide if "real name" is awareand the period of durat	profession statutory t other cretary of State.) unavailable for us (If left blank, du	aal limited liability rust se; otherwise, lea tration is conside 32220	company ave blank.) ered perpetual.)
Street Address City Extend Printed address of the entity's registered office in Kentucky is 306 W. Main Street, Suite S12 Frankfort KY 40601 Street Address (No P.O. Box Numbers) City State Zip Code and the name of the registered agent at that office is CT Corporation System 6000 M. Main Street, Suite S12 77381 3. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): 77381 PURIS LLC, Manager 8686 New Trails Dr, Ste 115 The Woodlands TX 77381 Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code It representative for purposes of the corporation. All of the directors, and all of the officers other than the secretar and teasure are licensed in one or more states or territories of the Unite	12235 New Berlin Road					
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Signature of Authonized Representative Printed Name & Title Date I, C T Corporation System,	The		Thomas Gottsegen Auth	norized Person	1/27/2023	
Type/Print Name of Registered Agent C T Corporation System, SEAN L. EMERICK ASSISTANT SECRETARY 01/14/2023 By: The Date	Signature of Authonized Representative				Date	
By: C T Corporation System, Sean L. EMERICK ASSISTANT SECRETARY 01/14/2023			, consent to serve as the r	egistered agent on	behalf of the busi	ness entity.
By: SEAN L. EWERTER THE Date		n 0.00 /		A COLOT ANT O	CDETADV	01/14/2023
Date Date		" Sen Comento SEAN	L. EMERICK	ASSISTANT S	ECKETAKY	
Signature of Registered Adent	by.		Jame	Title		Date