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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/13/2023 9:17 AM Fee Receipt: \$90.00

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

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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: X pr	ofit corporation nonp	profit corporation	professional lin	nited liability company
bu	usiness trust limite	d liability company	statutory trust	
lin	nited partnership Itd co	operative association	public benefit (corporation
nc	on-profit lic profe	ssional service corporation	other	
2. The name of the entity is	GeoSurfaces, Inc.			
	(The name must be identical to the	name on record with the Secre	tary of State.)	
3. The name of the entity to i	be used in Kentucky is (if applicable): Geo	Surfaces, Inc.		
		nly provide if "real name" is un	available for use; o	therwise, leave blank.)
The state or country under	r whose law the entity is organized is Dela	ware		
5. The date of organization is	July 5th, 2018	and the period of duration		
			(If left blank, duratio	n is considered perpetual.)
6. The mailing address of the				80881
7080 St. Gabriel AveSu	ite A.	St. Gabriel	LA	70776
Street Address		City	State	Zip Code
7. The street address of the	entity's registered office in Kentucky is			
306 W. Main Street, Suite		Frankfort	KY	40601
Street Address (No P.O. Bo	x Numbers)	City	Sta	te Zip Code
and the name of the registere	d agent at that office is C T Corporatio	n System		
8. The names and business	addresses of the entity's representatives (secretary, officers and directors, r	nanagers, trustees or	general partners):
Charles Dawson	7080 St. Gabriel Ave Suit	e A. St. Gabriel	LA	70776
Name	Street or P.O. Box	City	State	Zip Code
Joe Fields	1131 Broadway St.	Dayton	TN	37321
Name	Street or P.O. Box	City	State	Zip Code
Stuart Bledsoe	7080 St. Gabriel Ave Sui	ite A. St. Gabriel	LA	70776

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 in

Charles Dawson- CEO Printed Name & Title 11/09/2023 Date

I.	C	T	Cor	porat	ion	System	
						Registered	į

Signature of Authorized Representat

Corporation System	, consent to serve as the registered agent on behalf of the business entity
Print Name of Registered Agent	

-	-		-
 C	Т	Corporation	Syste

Signature of Registered Agent		Printed Name	Title	Date
C T Corporation System By:	Denis Bell	Denise Bell	Assistant Secretary	11/9/2023

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