



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1257430.09**

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**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](http://www.sos.ky.gov)

**Certificate of Authority**  
(Foreign Business Entity)

**FBE**

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 ☐ other  
☐ non-profit lic ☐ professional service corporation

2. The name of the entity is Blossman Services, Inc.

(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 Mississippi

5. The date of organization is 02/13/1985

and the period of duration is

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is

P O Box 1110

Ocean Springs

MS

39566-1110

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is

306 W. Main Street, Suite 512,

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 C T Corporation System

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

Stuart Weidie	P O Box 1110	Ocean Springs	MS	39566
Name	Street or P.O. Box	City	State	Zip Code
Todd Reinke	P O Box 1110	Ocean Springs	MS	39566
Name	Street or P.O. Box	City	State	Zip Code
Frank Parent	P O Box 1110	Ocean Springs	MS	39566
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.

TODD M. REINKE  
VP of Administration

01/31/2023

Signature of Authorized Representative

Printed Name & Title

Date

I, C T Corporation System,

Type/Print Name of Registered Agent

C T Corporation System

By:

Signature of Registered Agent

Printed Name

Title

Date