



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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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

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:


- The entity is a:

<input type="checkbox"/> profit corporation	<input checked="" type="checkbox"/> nonprofit corporation	<input type="checkbox"/> professional limited liability company
<input type="checkbox"/> business trust	<input type="checkbox"/> limited liability company	<input type="checkbox"/> statutory trust
<input type="checkbox"/> limited partnership	<input type="checkbox"/> ltd cooperative association	<input type="checkbox"/> other
<input type="checkbox"/> non-profit llc	<input type="checkbox"/> professional service corporation	
- The name of the entity is Environmental Science, LLC
 (The name must be identical to the name on record in the state where the entity was formed.)
- The name of the entity to be used in Kentucky is (if applicable): _____
 (Only provide if name on line 2 is unavailable for use; otherwise, leave blank.)
- The state or country under whose law the entity is organized is Delaware
- The date of organization is 12/30/2021 and the period of duration is _____
 (If left blank, duration is considered perpetual.)
- The mailing address of the entity's principal office is
12065 Lebanon Rd Mt. Juliet TN 37122
Street Address **City** **State** **Zip Code**
- 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
- The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

<u>Michael Hausman, Member</u>	<u>12065 Lebanon Rd</u>	<u>Mt. Juliet</u>	<u>TN</u>	<u>37122</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Eric Roman, Member</u>	<u>12065 Lebanon Rd</u>	<u>Mt. Juliet</u>	<u>TN</u>	<u>37122</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Gregory C Whitman, Member</u>	<u>12065 Lebanon Rd</u>	<u>Mt. Juliet</u>	<u>TN</u>	<u>37122</u>
Name	Street or P.O. Box	City	State	Zip Code
- 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.
- 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.
- If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐
- If a limited liability company, check the box if manager-managed: ☐
- This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable: ☐

 Greg Whitman, Corporate Secretary 03/04/2025
Signature of Authorized Representative **Printed Name & Title** **Date**

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By:  Linda Stauffer Assistant Secretary 03/05/2025
Signature of Registered Agent **Printed Name** **Title** **Date**