



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

**1242539.06**

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ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
11/16/2022 10:30 AM  
Fee Receipt: \$90.00

**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 llc ☐ professional service corporation

2. The name of the entity is Sealaska Secure Construction Solutions, LLC  
 (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 Washington

5. The date of organization is 08/04/2017 and the period of duration is \_\_\_\_\_  
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
1200 6TH AVE, STE 800 SEATTLE WA 98101  
**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):

Sealaska Government Services, LLC	1200 6TH AVE, STE 800	SEATTLE	WA	98101
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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.

Sherry McGinnes SHERRY MCGINNES, AUTHORIZED PERSON/ MEMBER 11/14/2022  
**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: Margaret E. Routzahn Margaret E. Routzahn Assistant Secretary 11/14/2022  
**Signat** **Printed Name** **Title** **Date**

**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** Sealaska Secure Construction Solutions, LLC ("LLC"), a Washington limited liability company organized under the laws of the state of Washington does hereby appoint as attorneys-in-fact for the LLC (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the LLC and in the LLC's name for the limited purposes authorized herein.

The limited liability company, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to register the limited liability company in any state, as directed and authorized by the limited liability company.


In the execution of any documents necessary for the sole, limited purpose set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 2ND day of November 2022.

Sealaska Secure Construction Solutions, LLC  
A Washington limited liability company

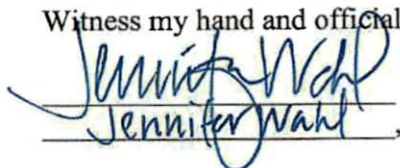
By: Sealaska Government Services, LLC  
Title: Sole Member

  
Name: Dave Kostorowski  
Title: Manager

State of Washington  
County of Benton

On November 2, 2022, before me, the undersigned, a Notary Public in and for said State, personally appeared David Kostorowski, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal.

  
\_\_\_\_\_, Notary Public

