

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

1433149.06

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Michael G. Adams **Kentucky Secretary of State** Received and Filed:

2/26/2025 2:34 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ertificate of Authority Foreign Business Entity)	y	FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		d hereby applies for authority to tr	ansact business in Kentucky o	n behalf of the entity named below
The entity is a: profit corpor business tru limited partn non-profit lice.	st Ership	nonprofit corporation  limited liability company  Itd cooperative association professional service corporat	statutory trust other	nited liability company
2. The name of the entity is Martin M (The	arietta Southeast At name must be identi	cal to the name on record with t	the Secretary of State.)	•
3. The name of the entity to be used in	Kentucky is (if applica	ble):(Only provide if "real na	me" is unavailable for use; of	herwise, leave blank.)
4. The state or country under whose la	w the entity is organize			
5. The date of organization is 07/27/20		and the period o	f duration is	
6. The mailing address of the entity's p	rincinal office is		(If left blank, duratio	n is considered perpetual.)
4123 Parklake Avenue	inicipal office is	Raleigh	NC	27612
Street Address		City	State	Zip Code
7. The street address of the entity's reg	istered office in Kentu	cky is		
306 W. Main Street, Suite 512		Frankfo		40601
Street Address (No P.O. Box Number	rs)	City	Stat	e Zip Code
8. The names and business addresses SEE ATTACHED	of the entity's represe		irectors, managers, trustees or	
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
9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio  10. I certify that, as of the date of filing to the corporation of the corporat	re states or territories n.	of the United States or District of (	Columbia to render a profession	nal service described in the
11. If a limited partnership, it elects to b				
12. If a limited liability company, chec	k box if manager-ma	naged:		
13. This application will be effective upon	n filing.			
DP		E-is C. Drawn Assis	stant Coorotous: 01/6	02/2025
Signature of Authorized Representative		Eric S. Brown, Assis		02/2025 Date
Signature of Authorized Representative		T III.GG Name	. 1110	
I, C T Corporation System,		consent to serve as	the registered agent on behalf	of the business entity.
Type/Print Name of Registered Agent	0.00			
C T Corporation System,	San Camino &	SEAN L. EMERICK	ASSISTANT SECRE	TARY 12/30/2024
Signature of Registered Agent		Printed Name	Title	Date

Signature of Registered Agent

## Management Structure Attachment

## Martin Marietta Southeast AGG Operations, LLC

Roselyn R. Bar	Secretary	
Roselyn R. Bar	Vice President	
Oliver W. Brooks	Vice President	
Eric S. Brown	Assistant Secretary	
John C. Bull	Assistant Secretary	
Ronald M. Kopplin	Vice President	
James A. J. Nickolas	Treasurer	
James A. J. Nickolas	Vice President	
C. Howard Nye	President	
William J. Podrazik	Vice President	

Address for all: 4123 Parklake Avenue, Raleigh, North Carolina 27612