

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1291452.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/29/2023 2:33 PM

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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

(502) 564-3490 www.sos.ky.gov					
Pursuant to the provisions of KRS 14, and, for that purpose, submits the following the submits the following the submits the following the submits the following the submits t		ereby applies for authority to transact b	ousiness in Kentucky or	n behalf of the entity named below	
1. The entity is a: X profit corpo	oration	nonprofit corporation	professional lim	professional limited liability company	
business to		limited liability company	statutory trust		
limited par		Itd cooperative association	public benefit co	orporation	
non-profit l		professional service corporation	other		
2. The name of the entity is Technique					
(Th	e name must be identical	to the name on record with the Secr	etary of State.)	·	
3. The name of the entity to be used	in Kentucky is (if applicable)):			
The state or country under whose	# 10 EU/EU 10	(Only provide if "real name" is u	inavailable for use; ot	herwise, leave blank.)	
5. The date of organization is $01/10/1995$		and the period of duratio	n is Perpetual (If left blank, duration	n is considered perpetual.)	
6. The mailing address of the entity's	principal office is	Hander	TV	77044	
One Subsea Lane Street Address		Houston City	TX State	Zip Code	
		NoSc 1.	State	Zip oode	
 The street address of the entity's r W. Main Street, Suite 512 	egistered office in Kentucky	Frankfort	I/V	40601	
Street Address (No P.O. Box Numb	ers)	City	KY Stat		
and the name of the registered agent					
		tives (secretary, officers and directors,	managers, trustees or	general partners):	
		227 0	AND DESCRIPTION	77044	
Matthew Toler Name	One Subsea Lane Street or P.O. Box	Houston City	TX State	Zip Code	
Steven Wayne Seelig	One Subsea Lane	Houston	TX	77044	
Name	Street or P.O. Box	City	State	Zip Code	
Name		***	TX	77044	
Kathleen Gehlhausen	One Subsea Lane	Houston	***	//044	
	One Subsea Lane Street or P.O. Box	City	State	Zip Code	
Kathleen Gehlhausen Name 9. If a professional service corporation	Street or P.O. Box n, all the individual sharehologre states or territories of the		State directors, and all of the	Zip Code e officers other than the secretary	
Name 9. If a professional service corporation and treasurer are licensed in one or n statement of purposes of the corporat 10. I certify that, as of the date of filing	Street or P.O. Box n, all the individual sharehol- nore states or territories of the ion. g this application, the above	ders, not less than one half (1/2) of the he United States or District of Columbia r-named entity validly exists under the I	State directors, and all of the a to render a profession aws of the jurisdiction of	Zip Code e officers other than the secretary nal service described in the	
Name 9. If a professional service corporation and treasurer are licensed in one or n statement of purposes of the corporat 10. I certify that, as of the date of filing	Street or P.O. Box n, all the individual sharehol- nore states or territories of the ion. g this application, the above	ders, not less than one half (1/2) of the he United States or District of Columbia	State directors, and all of the a to render a profession aws of the jurisdiction of	Zip Code e officers other than the secretary nal service described in the	
Name 9. If a professional service corporation and treasurer are licensed in one or n statement of purposes of the corporat 10. I certify that, as of the date of filing	Street or P.O. Box n, all the individual shareholenore states or territories of thin the states of	ders, not less than one half (1/2) of the he United States or District of Columbia r-named entity validly exists under the I partnership. Check the box if applications	State directors, and all of the a to render a profession aws of the jurisdiction of	Zip Code e officers other than the secretary nal service described in the	
Name 9. If a professional service corporation and treasurer are licensed in one or in statement of purposes of the corporat 10. I certify that, as of the date of filing 11. If a limited partnership, it elects to 12. If a limited liability company, che 13. This application will be effective under the corporate of the corpor	Street or P.O. Box n, all the individual sharehologore states or territories of the states of the s	City ders, not less than one half (1/2) of the he United States or District of Columbia r-named entity validly exists under the I partnership. Check the box if applicated: Kathleen Gehlhausen - Section	State directors, and all of the a to render a profession aws of the jurisdiction of	Zip Code e officers other than the secretary nal service described in the of its formation.	
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Name 9. If a professional service corporation and treasurer are licensed in one or n statement of purposes of the corporation. I certify that, as of the date of filing. 11. If a limited partnership, it elects to 12. If a limited liability company, check that is application will be effective up. Signature of Authorized Representative.	Street or P.O. Box n, all the individual sharehologore states or territories of the states of the s	ders, not less than one half (1/2) of the he United States or District of Columbia r-named entity validly exists under the I partnership. Check the box if applicate ged: Kathleen Gehlhausen - Sector Printed Name & Title , consent to serve as the regis	State directors, and all of the a to render a profession aws of the jurisdiction of the profession aws of the jurisdiction of	Zip Code e officers other than the secretary nal service described in the of its formation.	