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**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 9/26/2024 2:27 PM  
 Fee Receipt: \$90.00

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**

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 ☐ public benefit corporation  
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is Stell Environmental Enterprises, 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 Washington.

5. The date of organization is 12/20/2010 and the period of duration is \_\_\_\_\_.  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is 6100 219th St SW, Suite 480			
Street Address	Mountlake Terrace	WA	98043
	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
<b>Street Address (No P.O. Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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):

Julie Erickson, President/CEO & Secretary	6100 219th St SW, Suite 480	Mountlake Terrace	WA	98043
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Julie Erickson, Treasurer/CFO & Director	6100 219th St SW, Suite 480	Mountlake Terrace	WA	98043
<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.

	KARA KOROSEC, VICE PRESIDENT	09/20/2024
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: C T Corporation System 	SEAN L. EMERICK	ASSISTANT SECRETARY	09/20/2024
Signature of Registered Agent	Printed Name	Title	Date