Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 **limited liability company**.
- 2. The name of the entity is

TURF AGGREAGATES LLC

- 3. The state or country under whose law the entity is organized is **Texas**.
- 4. The date of organization is **9/8/2017** and the period of duration is **perpetual**.
- 5. The mailing address of the entity's principal office is

500 Highview Lane, Anna, TX 75409

6. The street address of the entity's registered office in Kentucky is

212 N. 2nd St. STE 100, Richmond, KY 40475

and the name of the registered agent at that office is Northwest Registered Agent LLC.

7. The names and business addresses of the entity's representatives:

Manager	Brian Harvey	PO Box 759	Anna	TX	75409
Organizer	Brian Harvey	PO Box 759	Anna	TX	75409
Member	Allan Doug Meador	PO Box 759	Anna	TX	75409

- 8. This entity is managed by **Managers**.
- 9. This application will be effective on Wednesday, May 1, 2024.

As the Authorized Representative, I, **Brian Harvey**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Controller**

I, **Brian Harvey**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this limited liability company company.