

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Filings Certificate of (Foreign Busin				FBE	
Pursuant to the provisions of KRS and, for that purpose, submits the for	14A – 030 the undersigned hereby blowing statements:	applies for authority to tra	ansact business in Kentu	cky on behalf of the e	ntity named below	
1. The entity is a: profit corporation business trust limited lia limited partnership		nprofit corporation ted liability company cooperative association fessional service corporati	statutory to other	professional limited liability company statutory trust other		
2. The name of the entity is Garcia s	Surveyors, Inc.					
	The name must be identical to th	e name on record with the	he Secretary of State.)			
 The name of the entity to be use The state or country under whos The date of organization is <u>May 1</u> 	e law the entity is organized is Ohio	Only provide if "real name and the period of	duration is	se; otherwise, leave		
6. The mailing address of the entity	's principal office is				perpetual.)	
6655 Providence Street Street Address		Whitehouse	OH	43571		
7. The street address of the entity's registered office in Kentucky is		City	State	Zip Code		
306 W. Main Street, Suite 512 Street Address (No P.O. Box Numbers)		Frankfort City	KY	40601 State	Zip Code	
and the name of the registered age				otato		
					· · ·	
8. The names and business addres		(secretary, onicers and dir	ectors, managers, truste	es or general partners	():	
Anthony A. Garcia (President)	P. O. Box 2628	Whitehouse	OH	43571		
Name Robert E. Brazier (Secretary)	Street or P.O. Box P. O. Box 2628	City Whitehouse	State		Zip Code 43571	
Name	Street or P.O. Box	City	State	Zip Code		
Anthony Garcia (Treasurer)	P. O. Box 2628	Whitehouse	OH	43571		
Name	Street or P.O. Box	City	State	Zip Code		
 If a professional service corporati and treasurer are licensed in one or statement of purposes of the corpor 	more states or territories of the Ur ation.	ited States or District of C	olumbia to render a profe	essional service descr	han the secretary ibed in the	
10. I certify that, as of the date of fili			_	ction of its formation.		
11. If a limited partnership, it elects		ership. Check the box if a				
12. If a limited liability company, c	heck box if manager-managed:					
13. This application will be effective	upon filing.					
a A. S		Anthony A. Garcia, Preside	nt	1/20/201	21	
Signature of Authorized Representativ	/e	Printed Name &		Date		
I, CT Corporation Syst	tem nt	, consent to serve as the	he registered agent on be	ehalf of the business e	ntity.	
Nichd Menie		l McCroy	Assistant Sec	retarv 1	/22/2021	
Signature of Registered Agent	Printed N		Title		Date	
	U					

Kentucky Application for Certificate of Authority (Additional Page)

8. Additional representatives/officers/directors:

Rick Garcia (Vice President) P.O. Box 2628 Whitehouse, OH 43571

Anthony A. Garcia (Director) P.O. Box 2628 Whitehouse, OH 43571

Richard L. Henry (Director) P.O. Box 2628 Whitehouse, OH 43571

Joel Garcia (Director) P.O. Box 2628 Whitehouse, OH 43571

FILING INSTRUCTIONS

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records.

The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic non-corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS	OFFICE LOCATION		
Michael Adams	Room 154, Capitol Building		
Secretary of State	700 Capital Avenue		
P.O. Box 718	Frankfort, KY 40601		
Frankfort, KY 40602-0718	Hours of Operation: 8:00 AM-4:30 PM ET		

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.