		State of Rhode Is Office of the Secretary		Fee: \$310.0			
		Division Of Business S					
		148 W. River Stre Providence RI 02904					
	7636	(401) 222-3040					
l	Foreign Corporation	(1)					
	Application for Certificate of Author	rity					
	(Section 7-1.2-1405 of the General Laws of	of Rhode Island, 1956, as amended)					
	SECTION I						
	The name of the corporation is George E Ley Company						
	SECTION II t is incorporated under the laws of State: <u>PA</u> Country: <u>USA</u>						
	This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 00th day after the date of this filing						
		SECTION III					
		The name, if different, which it elects to use in Rhode Island: (a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation					
	thereof, add one of these corporation does not		bany, incorporated, or limit	ed , of an appreviation			
	(b) if the corporation proposes to qualify a	and transact business under a different	name, list that name:				
	Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application						
	SECTION IV The date of its incorporation is <u>1/1/1988</u>						
	and the period of its duration is <u>X</u> Perpetual						
	The location of its principal office is	SECTION V					
	No. and Street: <u>130 DEVERE</u>	UX ROAD					
	City or Town: <u>GLENMOOR</u>	<u>E</u> State: <u>PA</u>	Zip: <u>19343-1615</u>	Country: <u>USA</u>			
		SECTION VI					
	The address of its proposed registered off No. and Street:						
	<u>47</u>	<u>WOOD AVE</u> JITE <u>2</u>					
			State: RI	Zip: <u>02806</u>			
	and the name of its proposed registered agent in Rhode Island at that address is <u>NORTHWEST REGISTERED AGENT LLC</u>						
		SECTION VII					
	The purpose or purposes which it propose			F			
	<u>RENOVATING AND CONSTRUCTIN</u> IRRIGATION SYSTEMS	NG GOLF COURSES AND INSTAL	LATION OF GOLF COURS				
	SECTION VIII (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).						
	Title	Individual Name First, Middle, Last, Suffix		Iress State, Zip Code, Country			
	PRESIDENT	BRIAN LEY		REUX ROAD , PA 19343 UNI			
1		-	1				

Title		Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country 100 DEVEREUX ROAD GLENMOORE, PA 19343 UNI	
PRESIDENT		BRIAN LEY		
00 0	which it has authori	SECTION IX ty to issue, itemized by c	lasses, par value of shares, shares withou	ut par value, an
aggregate number of shares s, if any, within a class, is: Class of Stock	which it has authori Series of Stock		lasses, par value of shares, shares withou Total Authorized Shares <i>Num of Shares</i>	ut par value, an

**Signed this 26 Day of March, 2024 at 2:38:50 PM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.* 

By BRIANELEY

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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## **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:	GEORGE E. LEY CO.
Request Type:	Subsistence Certificate
Request No.:	033001213
Receipt No.:	000973277
Filing Type:	Domestic Business Corporation
Filing Subtype:	Business
Initial Filing Date:	January 01, 1988
Status:	Active

 Issuance Date:
 March 26, 2024

 File No.:
 0001008526

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

GEORGE E. LEY CO.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Alan Schmid

Albert Schmidt Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 26, 2024 02:36 PM

Areg M. Couve

Gregg M. Amore Secretary of State

