

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed:

Received and Filed: 11/22/2022 10:59 AM Fee Receipt: \$40.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Org Limited Liability			KLC
Pursuant to KRS 14A and KRS	1 275, the undersigned	applies to qualify and for that pur	rpose submits the fe	ollowing statements:
Article I: The name of the limited	d liability company is:			
ACCELERATED AVIATION LL				
Article II: The street address of	the limited liability cor	npany's initial registered office in	Kentucky is:	
306 W. Main Street, Suite 512,		Frankfort	KY	40601
Street Address Only (No Post Office I	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that offi	ce is C T Corporation System		
Article III: The mailing address 715 Sand y Street Address or Post Office Box No.	Shore LN	company's initial principal office is <u>Crand Kivev</u> <u>City</u>	s: S K/	42045 Zip Code
Article IV: The limited liability of	ompany is to be mana	ged by (must check one):		
A. am	anager(s).			
B. its r	nember(s).			
Article V: This application will b				
If checked, this business instructions).	is veteran-owned as	defined by KRS 14A.2-070(45) f	or the purposes of	14A.2-165 (see filing
I/We declare under penalty of control of con	perjury under the laws	of the state of Kentucky that the **LURT F Suttle Printed Name & Title	foregoing is true and executive of the second secon	nd correct. ////7/Je
Signature of Organizer		Printed Name & Title		Date
-				
C T Corporation System		, consent to serve as the registered	agent on behalf of the li	mited liability company.
Print Name of Registered Agent	1			0.1/0.000
C T Corporation System		11/21/2022 Eric Jensen		21/2022
By: Signature of Registered Agent	you -	Printed Name	Date	
Signature of Registered Agent				
(07/20)				
(07/20)				

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