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

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

skylQ LLC

3. The name of the entity to be used in Kentucky is

skylQ LLC

4. The state or country under whose law the entity is organized is Delaware.

5. The date of organization is **11/14/2024** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

Po Box 12, Buckner, KY 40010

7. The name of the initial registered agent is

Pierce Demetriades

and the street address of the entity's initial registered office in Kentucky is

4725 Buckner Highway 146 Unit 12, Buckner, KY 40010

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

Registered Agent Pierce Myles Demetriades 4725 Buckner Highway 146 Unit 12, Buckner, KY

	-	40010
Authorized Rep	Paige Miller	5890 Old Lagrange Rd, Crestwood, KY 40014
Authorized Rep	Benjamin Peter Miller	5890 Old Lagrange Rd, Crestwood, KY 40014

9. This entity is managed by **Members**.

10. This filing will be effective on Monday, February 17, 2025.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

L902

Received and Filed

Fee receipt: \$90

2/17/2025 12:00:00 AM

FBE

Signature of individual signing on behalf of **A Miller**

I, **Pierce Myles Demetriades**, consent to s **Demetriades** who serves as the Registered this entity on Monday, February 17, 2025.

L902 1430514.06 Michael G. Adams Secretary of State Received and Filed 2/17/2025 12:00:00 AM Fee receipt: \$90

