

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1244915.06

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

Received and Filed: 12/2/2022 9:06 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate o (Foreign Busine			FBE	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	. – 030 the undersigned hereby applies f wing statements:	or authority to transact t	business in Kentucky	y on behalf of the entity name	d belov
1. The entity is a: profit corpor business trulimited partr	ist X limited liabilit		professional statutory trus	limited liability company st	
2. The name of the entity is SF AVIA	TION, LLC	on record with the Sec	retary of State)		 -
The name of the entity to be used in	Kentucky is (if applicable):				
,	(Only pro		unavailable for use;	otherwise, leave blank.)	
	w the entity is organized is DELAWAI				
5. The date of organization is <u>5/17/20</u>	22	and the period of duratio		tion is considered perpetual	i.)
6. The mailing address of the entity's p	rincipal office is	r ENDIGTON	NOTAL TELEPO		
884 IRON WORKS PIKE Street Address		City	KY State	40511 Zip Code	
		City	State	Zip Code	
7. The street address of the entity's reg	gistered office in Kentucky is	Frankfort	1/2/	40601	
306 W. Main Street, Suite 512, Street Address (No P.O. Box Numbe	rs)	City	KY S	tate Zip Code	
parties school by An Anna Sent V	t that office is C T Corporation Syste.	•			
			managara trustaga	or general partners):	 -
	s of the entity's representatives (secretar	O WINTED WITH SHARES	(E)	821144131142312	
	22917 Pacific Coast Hwy, Ste 350		CA	90265	
Name	Street or P.O. Box	City	State	Zip Code	
STEVE COLGATE Name	22917 Pacific Coast Hwy Ste 300 Street or P.O. Box	City	CA State	90265 Zip Code	
BENJAMIN LOGAN	9811 W. Charleston Blvd. #2-383		NV	89117	
Name	Street or P.O. Box	City	State	Zip Code	
and treasurer are licensed in one or mo statement of purposes of the corporation		es or District of Columbia	a to render a profess	ional service described in the	
10. I certify that, as of the date of filing t	this application, the above-named entity	validly exists under the I	aws of the jurisdictio	n of its formation.	
11. If a limited partnership, it elects to b	e a limited liability limited partnership. (Check the box if applicab	ole:		
12. If a limited liability company, chec	k box if manager-managed:				
13. This application will be effective upon	on filing.				
	Steve	Colgate, Vice Preside	ent 1	1/30/2022	
Signature of Authorized Representative	Steve	Printed Name & Title	<u> </u>	Date	
, C T Corporation System,					
Type/Print Name of Registered Agent	, cons	ent to serve as the regis	stered agent on beha	alf of the business entity.	
A COREGISTERED AGENT	900 S S VANC				
By: Spi Well	Lisa D. Dubo		Manager	11/30/202	2
Sign at ure of Registered Agent	Printed Name	1	itle	Date	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SF AVIATION, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRTIETH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

TARYS OF TAR

6802963 8300

SR# 20224141614

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

Authentication: 204972304

Date: 11-30-22