

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

1290833.06

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

6/27/2023 1:11 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		icate of Authority n Business Entity)		FBE
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the following		y applies for authority to transa	act business in Kentucky on	behalf of the entity named below
business trust  limited partnership non-profit IIc  limited I  limited I  professi		onprofit corporation nited liability company cooperative association ofessional service corporation	professional limited liability company statutory trust public benefit corporation other	
2. The name of the entity is AEROTEKS	ERVICES, LLC	he name on record with the S	Secretary of State )	
		ne name on record with the s	secretary of State.	
3. The name of the entity to be used in h	entucky is (ir applicable):	(Only provide if "real name"	is unavailable for use; oth	erwise, leave blank.)
4. The state or country under whose law	the entity is organized is Ma			
5. The date of organization is 03/27/2023		and the period of dur	ation is	
6. The mailing address of the entity's pri	ncinal office is		(If left blank, duration	is considered perpetual.)
7301 Parkway Drive	Totput office to	Hanover	MD	21076
Street Address		City	State	Zip Code
7. The street address of the entity's regis	stered office in Kentucky is	Frankfort	KY	40601
Street Address (No P.O. Box Numbers	)	City	State	
and the name of the registered agent at t	hat office is Corporation Serv	ice Company		
8. The names and business addresses of			ore managore trustoos or o	ionoral partners):
	301 Parkway Drive	Hanover	MD	21076
Name Aerotek Services Holdings, LLC	Street or P.O. Box 7301 Parkway Drive	<b>City</b> Hanover	<b>State</b> MD	<b>Zip Code</b> 21076
	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation,	states or territories of the U	Inited States or District of Colui	mbia to render a professiona	al service described in the
10. I certify that, as of the date of filing thi		, ,		its formation.
11. If a limited partnership, it elects to be	a limited liability limited parti	nership. Check the box if appl	icable:	
12. If a limited liability company, check	box if manager-managed:			
13. This application will be effective upon	filing.			
Marianda Fa	ralta	Marianela Peralta, Authorized F	Person	06/20/2023
Signature of Authorized Representative	7.	Printed Name & Title	e	Date /
Corporation Service Company		. consent to serve as the n	egistered agent on behalf of	the business entity
Type/Print Name of Registered Agent				
By: Deanne Schauseil		Schauseil, Assistant Secreta	ary on behalf of Corporation	1 Service 06/27/2023
Signature of Registered Agent	Compai	<u> </u>	Title	Date

Division of Business Filings