

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1337038.09

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 1/29/2024 2:40 PM

1/22/2024

Date

Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	gs		te of Authority usiness Entity)		FBE	
Pursuant to the provisions of and, for that purpose, submit		igned hereby app	olies for authority to transact b	usiness in Kentucky o	on behalf of the entity named belo	
1. The entity is a: X	profit corporation	nonpro	fit corporation	professional limited liability company		
t	ousiness trust	limited	liability company	statutory trust	statutory trust	
li	mited partnership	Itd coop	perative association	public benefit	corporation	
r	on-profit IIc	profess	ional service corporation	other	other	
2. The name of the entity is	Skyhaul Aerospace and I					
			ame on record with the Secr	etary of State.)		
3. The name of the entity to	be used in Kentucky is (if ap		y provide if "real name" is u	navallable for use: o	sthonuico Joayo blank \	
4 The state or country under	er whose law the entity is org	- 30		navanable for use, o	otherwise, leave blank.)	
5. The date of organization i		uni200 10	and the period of duration	n is		
					on is considered perpetual.)	
The mailing address of the 616 McKinney Avenue	ne entity's principal office is		Dayton	KY	41074	
Street Address			City	State	Zip Code	
7 The street address of the	entity's registered office in h	Centucky is	33.		•	
616 McKinney Avenue	entity a registered office in r	terridoky is	Dayton	KY	41074	
Street Address (No P.O. B	ox Numbers)		City	Sta	te Zip Code	
and the name of the register	red agent at that office is Ke	vin Bruns			,	
			cretary, officers and directors,	managers trustees of	r general partners):	
				799900	VARIOUS CO.	
Kevin Bruns Name	616 McKinney Street or P.O. E		Dayton City	KY State	41074 Zip Code	
Aaron Patrick	616 McKinne		Dayton	KY	41074	
Name	Street or P.O. B		City	State	Zip Code	
Brian Bailey	616 McKinne	y Avenue	Dayton	KY	41074	
Name	Street or P.O. E	Зох	City	State	Zip Code	
	n one or more states or territo		less than one half (1/2) of the States or District of Columbia		ne officers other than the secretar anal service described in the	
10. I certify that, as of the da	ate of filing this application, the	e above-named e	entity validly exists under the la	aws of the jurisdiction	of its formation.	
11. If a limited partnership, i	t elects to be a limited liability	/ limited partnersh	nip. Check the box if applicab	le:		
12. If a limited liability comp	pany, check box if manager	r-managed:				
13. This application will be e	ffective upon filing.					
(KENT		K	evin Bruns, CEO		1/22/2024	
Signature of Authorized Repre	esentative		Printed Name & Title		Date	
I, Kevin Bruns		50	, consent to serve as the regis:	tered agent on behalf	of the business entity.	
Type/Print Name of Register	red Agent	,				

Kevin Bruns

Printed Name

CEO

Title

Signature or Registered Agent