

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

Certificate of Authority

FBE

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  
**DRONESHIELD LLC**
3. The state or country under whose law the entity is organized is **Delaware**.
4. The date of organization is **1/10/2014** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**5900 Balcones Drive STE 100, Austin, TX 78731**
6. The street address of the entity's registered office in Kentucky is  
**212 N. 2nd St. STE 100, Richmond, KY 40475**

and the name of the registered agent at that office is **Northwest Registered Agent LLC**.

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

<b>Manager</b>	Matthew McCrann	212 N. 2nd St.	Richmond	KY	40475
		STE 100			
<b>Organizer</b>	Matthew McCrann	212 N. 2nd St.	Richmond	KY	40475
		STE 100			

8. This entity is managed by **Managers**.
9. This application will be effective on **Monday, April 15, 2024**.

As the Authorized Representative, I, **Nat Smith**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Signer**

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.