

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State

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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

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 business entity is a **limited liability company**.
2. The name of the entity is: **SKYWAY INVESTMENT GROUP, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **8/1/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

2444 34th Avenue  
St. Petersburg, FL 33713

**8. Required Representatives**

<b>Member</b>	Matt Whitehurst	2444 34th Avenue	St. Petersburg	FL	33713
<b>Member</b>	Amy Cherry	2444 34th Avenue	St. Petersburg	FL	33713
<b>Member</b>	Tyler Frazier	3809 Imperial	Largo	FL	33771
		Palms Drive			
<b>Member</b>	Jennifer Frazier	3809 Imperial	Largo	FL	33771
		Palms Drive			

**9. Registered Agent/Office**

Jennifer Frazier  
3809 Imperial Palms Drive  
Largo, KY 42001

I, **Jennifer Frazier**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Monday, July 31, 2023

As the Authorized Representative, I, **Jennifer Frazier**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Chief Administrative Officer**