



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
2/10/2025 2:33 PM  
Fee Receipt: \$40.00

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Dissolution  
Limited Liability Company

LLD

This form may be used for filing articles of dissolution for a limited liability company (LLC), nonprofit LLC or professional service LLC.

**Please note:** Filing this form with the Office of the Secretary of State does not ensure the dissolution of the business entity is complete. Filers are encouraged to seek the advice of a professional prior to filing Articles of Dissolution.

Pursuant to the provisions of KRS 14A and KRS 275.315, the undersigned limited liability company executes the following articles of dissolution:

Article I. The name of the limited liability company is Hawk-N-Fly, LLC

(The name must be identical to the name on record with the Secretary of State.)

Article II. This dissolution was caused by the following event: (check one only)

- ☐ (1) The expiration of the term of the limited liability company set forth in the articles of organization;
- ☐ (2) Upon the occurrence of events specified in the articles of organization or a written operating agreement;
- ☒ (3) Upon the written consent of all the members; or
- ☐ (4) There are no remaining members.

Article III. The event of dissolution identified in Article II occurred on the following date: December 11, 2024 or the date of filing

Article IV. Additional information, if applicable, that the member(s) or manager(s) filing deem proper:

(Any delayed effective date provided shall not exceed 90 days from the day delivered to the Secretary of State for filing.)

Kentucky limited liability company merged into Colorado limited liability company with Colorado limited liability company being the surviving entity

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

ID: qvBUsg2TnrKggNXbjwSuGNrk

Signature of authorized representative

Peter Hawkins

Printed Name

manager

Title

2/7/2025

Date

## eSignature Details

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<b>Signer ID:</b>	<b>qyBUsg2TnrKgqNXbjwSuGNgk</b>
Signed by:	peter hawkins
Sent to email:	hawkeyehomes@gmail.com
IP Address:	67.162.159.69
Signed at:	Feb 7 2025, 6:13 pm EST

**Statement of Merger  
(Surviving Entity is a Domestic Entity)**

Business Program

Colorado Secretary of State

1700 Broadway, Ste. 550 Denver, CO 80290

Phone: 303-894-2200

Fax: 303-869-4864

Email: [Business@coloradosos.gov](mailto:Business@coloradosos.gov)

Website: [www.coloradosos.gov](http://www.coloradosos.gov)

20248314905

\$150.00

SECRETARY OF STATE

12/11/2024 14:42:37

This form must be typed. Documents may be submitted by mail or dropped off at our office along with payment.

Document processing fee: \$150.00

Filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each **merging** entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are:

Colorado Secretary of State ID Number:

Entity name or true name:

Hawk-N-Fly LLC

Form of entity:

limited liability company

Jurisdiction:

kentucky

The principal office address of the entity's principal office is:

**Street Address**

Street Address 1

2705 Cameron Court

Street Address 2

City

Louisville

State

KY

ZIP code

40205

Province (if applicable)

Country

**Mailing Address (Leave blank if same as street address)**

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

Colorado Secretary of State ID Number:

Entity name or true name:

Form of entity:

Jurisdiction:

The principal office address of the entity's principal office is:

**Street Address**

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

**Mailing Address (Leave blank if same as street address)**

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

---

Colorado Secretary of State ID Number:

Entity name or true name:

Form of entity:

Jurisdiction:

The principal office address of the entity's principal office is:

**Street Address**

Street Address 1

Street Address 2

City

State

ZIP code



This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The name and mailing address of the individual causing the document to be delivered for filing are:

**Filer Information**

Last name	First name	Middle	Suffix
hawkins	peter		

**Address 1**

500 lake dillon dr

**Address 2**

unit 3117

City	State	ZIP code
dillon	co	80435

Province (if applicable)	Country
	usa

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing. If applicable, mark this box and include an attachment stating the additional individuals.

☒ More information will be attached.

**Disclaimer:**

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 319734

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**HAWK-N-FLY, LLC**

HAWK-N-FLY, LLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 22, 2006 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 23<sup>rd</sup> day of September, 2024, in the 233<sup>rd</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
319734/0635047

Province (if applicable)

Country

**Mailing Address (Leave blank if same as street address)**

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

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If the following statement applies, adopt the statement by marking the box and include an attachment:

☐

There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the **surviving** entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are:

Colorado Secretary of State ID Number:

20248016964

Entity name or true name:

Hawk-N-Fly LLC

Form of entity:

limited liability company



Jurisdiction:

Colorado

The principal office address of the entity's principal office is:

**Street Address**

Street Address 1

38 Skyline Drive

Street Address 2

City

Dillon

State

CO

ZIP code

80435

Province (if applicable)

Country

USA

**Mailing Address (Leave blank if same as street address)**

Mailing Address 1

500 Lake Dillon Dr Unit 3117

Mailing Address 2

City

Dillon

State

CO

ZIP code

80435

Province (if applicable)

Country

USA

3. Each merging entity has been merged into the surviving entity.

4. If the following statement applies, adopt the statement by marking the box:

☐

The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s):

☐ One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is:

Document 1

Document 2

Document 3

If the following statement applies, adopt the statement by marking the box and include an attachment:

☐ There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

6. If applicable, adopt the following statement by marking the box and include an attachment:

☐ This document contains additional information as provided by law.

7. The delayed effective date and/or time (mm/dd/yyyy hour:minute am/pm) of this document is (if applicable):

Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

**Borders & Borders**

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21-131/830

Check No. 1016

12/2/2024

\$150.00

PAY TO THE  
ORDER OF

Colorado Secretary of State

One Hundred Fifty and 00/100

\$

DOLLARS

MEMO

Hawk-N-Fly LLC (Statement of Merger)

AUTHORIZED SIGNATURE

⑈001016⑈ ⑆083001314⑆ 59614935⑈

**Borders & Borders**

Date

12/2/2024

Type

Check

Memo

Hawk-N-Fly LLC (Statement of Merger)

Payment **1016**

\$150.00

**Borders & Borders**

**1016**