

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  
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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  
**AKYTECH CONSULTING LLC**
3. The state or country under whose law the entity is organized is **Virginia**.
4. The date of organization is **11/18/2015** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**1952 GALLOWS ROAD, SUITE 301, Vienna, VA 22182**
6. The name of the initial registered agent is

**InCorp Services, Inc.**

and the street address of the entity's initial registered office in Kentucky is

**828 Lane Allen Rd Ste 219, Lexington, KY 40504-3659**

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

<b>Manager</b>	Kimberly Goff	1952 Gallows Rd Ste 214, Vienna, VA 22182
<b>Organizer</b>	Kimberly Goff	1952 Gallows Rd Ste 214, Vienna, VA 22182

8. This entity is managed by **Managers**.
9. This filing will be effective on **Thursday, October 31, 2024**.

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

Signature of individual signing on behalf of **Manager: Kimberly Goff**

I, **Giselle Castro on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the Registered Agent on behalf of this entity on Thursday, October 31, 2024.