

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

L902
1371570.06
Michael G. Adams
Secretary of State
Received and Filed
6/13/2024 12:00:00 AM
Fee receipt: \$90

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

Axon LLC

3. The name of the entity to be used in Kentucky is

Axon LLC

4. The state or country under whose law the entity is organized is **North Carolina**.

5. The date of organization is **4/30/2007** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

50 E Rivercenter Blvd Ste 1800, Covington, KY 41011

7. The name of the initial registered agent is

Axon, LLC

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

50 E Rivercenter Blvd Ste 1800, Covington, KY 41011

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

Registered Agent	Axon, LLC	50 E Rivercenter Blvd Ste 1800, Covington, KY 41011
Authorized Rep	Axon, LLC	50 E Rivercenter Blvd Ste 1800, Covington, KY 41011

9. This entity is managed by **Members**.

10. This application will be effective on **Thursday, June 13, 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 **Authorized Rep:**
David Schwier

I, **David Schwier**, consent to sign for **Axon**,
the Registered Agent on behalf of this entity
2024.

1371570.06**Michael G. Adams****Secretary of State**

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