

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: **11TH HOUR SERVICE 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 **Delaware**.
5. The date of organization is **10/16/2006** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

3110 Fairview Park Drive Suite 1200
Falls Church, VA 22042

8. Required Representatives

Member	Ioan Popescu	3110 Fairview ParkFalls Church Drive Suite 1200	VA	22042
Member	Stephen Niman	3110 Fairview ParkFalls Church Drive Suite 1200	VA	22042
Member	Sean Vineyard	3110 Fairview ParkFalls Church Drive Suite 1200	VA	22042
Member	Jelly Chloe Thares	3110 Fairview ParkFalls Church Drive Suite 1200	VA	22042
Member	David Halstead	3110 Fairview ParkFalls Church Drive Suite 1200	VA	22042
Member	Jennifer Morris	3110 Fairview ParkFalls Church Drive Suite 1200	VA	22042

9. Registered Agent/Office

Business Filings Incorporated
306 W. Main St., Ste 512
Frankfort, KY 40601

I, **Chris Das, AVP**, consent to sign for **Business Filings Incorporated** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, March 13, 2023

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