



SECRETARY OF THE STATE OF CONNECTICUT

ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY - DOMESTIC

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS)

NAME: KATABASIS ENGINEERING

ADDRESS: 708 GOODALE HILL ROAD

CITY: GLASTONBURY

STATE: CT

ZIP: 06033

COUNTRY:

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CONNECTICUT SECRETARY OF THE STATE

1. NAME OF LIMITED LIABILITY COMPANY - **REQUIRED:** (MUST INCLUDE BUSINESS DESIGNATION I.E LLC, L.L.C., ETC.)

KATABASIS ENGINEERING, LLC

2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - **REQUIRED:**

CONSULTING ENGINEERING SERVICES FOR AERODYNAMIC DECELERATOR SYSTEMS, INCLUDING DESIGN, INTEGRATION, TESTING, VALIDATION/VERIFICATION, AND PROJECT MANAGEMENT. SPECIALIZING IN INTERPLANETARY PROBE DECELERATOR SYSTEMS ENGINEERING.

3. LLC'S PRINCIPAL OFFICE ADDRESS - **REQUIRED:** (NO P.O. BOX) PROVIDE FULL ADDRESS.

ADDRESS: 708 GOODALE HILL ROAD

CITY: GLASTONBURY

STATE: CT

ZIP: 06033

COUNTRY:

4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS

ADDRESS: 708 GOODALE HILL ROAD

CITY: GLASTONBURY

STATE: CT

ZIP: 06033

COUNTRY:

5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - **REQUIRED:** (COMPLETE A OR B NOT BOTH)

☒ A. IF AGENT IS AN INDIVIDUAL.

PRINT OR TYPE FULL LEGAL NAME:

CHRISTINE WITKOWSKI

BUSINESS ADDRESS

(P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"

ADDRESS: NONE

CITY:

STATE:

ZIP:

COUNTRY:

CONNECTICUT RESIDENCE ADDRESS

(P.O. BOX NOT ACCEPTABLE)

ADDRESS: 708 GOODALE HILL ROAD

CITY: GLASTONBURY

STATE: CT

ZIP: 06033

COUNTRY:

SIGNATURE ACCEPTING APPOINTMENT: [This document has been executed and filed electronically]

CHRISTINE WITKOWSKI

☐ **B. IF AGENT IS A BUSINESS:**

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

CT BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE)

ADDRESS: NONE

CITY:

STATE:

ZIP:

COUNTRY:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT: [This document has been executed and filed electronically]

PRINT NAME & TITLE OF PERSON SIGNING:

6. MANAGER OR MEMBER INFORMATION - REQUIRED: (MUST LIST ATLEAST ONE MANAGER OR MEMBER OF THE LLC.)

NAME / TITLE : CHRISTINE WITKOWSKI / OWNER

BUSINESS ADDRESS

ADDRESS: 708 GOODALE HILL ROAD

CITY: GLASTONBURY

STATE: CT **ZIP:** 06033

COUNTRY:

RESIDENCE ADDRESS

ADDRESS: 708 GOODALE HILL ROAD

CITY: GLASTONBURY

STATE: CT **ZIP:** 06033

COUNTRY:

NAME / TITLE : ALLEN WITKOWSKI / PRINCIPAL

BUSINESS ADDRESS

ADDRESS: 708 GOODALE HILL ROAD

CITY: GLASTONBURY

STATE: CT **ZIP:** 06033

COUNTRY:

RESIDENCE ADDRESS

ADDRESS: 708 GOODALE HILL ROAD

CITY: GLASTONBURY

STATE: CT **ZIP:** 06033

COUNTRY:

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES:

☐ MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. ENTITY EMAIL ADDRESS-REQUIRED: (IF NONE, MUST STATE "NONE.")

CHRISTINE.WITKOWSKI@KATABASISENGINEERING.COM

9. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT) [This document has been executed and filed electronically]

DATED THIS 15 **DAY OF** March , 2017

NAME OF ORGANIZER
(print/type)

CHRISTINE WITKOWSKI

SIGNATURE
(required)

CHRISTINE WITKOWSKI