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

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 **nonprofit corporation**.

2. The name of the entity is: THE AOPA FOUNDATION, INC.

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 Maryland.

5. The date of organization is 4/12/2007 and the period of duration is perpetual.

7. Principal Off	ice			
421 Aviation Wa	y			
Frederick, MD 2	1701			
8. Required Re	presentatives			
Officer	Erica Saccoia	421 Aviation Way Frederick	MD	21701
9. Registered A	gent/Office			
Registered Agen	ts			
212 N 2nd St	STE 100			

Richmond, KY 40475

I, **Bill Havre**, consent to sign for **Registered Agents** who serves as the **Registered Agent** on behalf of this Entity. on Thursday, March 30, 2023

As the Authorized Representative, I, **Erica Saccoia**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **SVP-Finance**

P101

FBE

1271490

Michael G. Adams

KY Secretary of State Received and Filed

Fee receipt: \$90.00

3/30/2023 8:43:32 AM