

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1361400.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

4/30/2024 3:26 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Ce (Fo	rtificate of Auth reign Business Entil	of Authority ness Entity)		FBE	
Pursuant to the provisions of KRS 14 and, for that purpose, submits the following the contract of the contract	A - 030 the undersigned howing statements:	ereby applies for authori	y to transact busine	ss in Kentucky on b	ehalf of the entity named below	
1. The entity is a: profit corporation business trust		nonprofit corporation  limited liability company  litd cooperative association  professional service corporation  SH1 MIDWESTERN VALLEY MO to the name on record with the Secretar		professional limited liability company statutory trust public benefit corporation other IGMT LLC arry of State.)		
3. The name of the entity to be used		):				
4. The state or country under whose	law the entity is executed:	(Only provide if "re		lable for use; other 2Ware	rwise, leave blank.)	
5. The date of organization is	4/18/24	-	riod of duration is_	aware		
6. The mailing address of the entity's	principal office is		(If left	t blank, duration is	considered perpetual.)	
5101 NE 82nd Street Address	Avenue, Ste 200		/ancouver	WA	98662	
7. The street address of the entity's re		City		State	Zip Code	
Street Address (No P.O. Box Number	Road Suite 219		exington	KY	9866240504	
			City	State	Zip Code	
and the name of the registered agent			Cogency Glob		•	
8. The names and business addresse				ers, trustees or gen	eral partners):	
Christopher Belford	5101 NE 82nd Aven Street or P.O. Box	ue, Ste 200 \	ancouver	WA State	98662	
		City		Jesie	Zip Code	
Name	Street or P.O. Box	City		State	Zip Code	
Name	Street or P.O. Box	City		State	Zip Code	
<ol> <li>If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation</li> <li>I certify that, as of the date of filing</li> </ol>	ore states or territories of the on.	e United States or Distri	t of Columbia to ren	der a professional s	ervice described in the	
11. If a limited partnership, it elects to l			ox if applicable:			
12. If a limited liability company, chec	k box if manager-manage	ed: 🔲				
13. This application will be effective up	on filing.					
		Christop	her Belford, CEC	)	04/29/2024	
Ignature of Authorized Representative			ime & Title	Magazine Control Control Control	Date	
Cogency G Type/Print Name of Registered Agent	lobal Inc.	, consent to serve	es the registered a	gent on behalf of the	; business entity,	
Jonor of	Ca	rol Berg	Asst. S	ecretary	4/30/2024	
Signature of Registered Apent	Print	d Name	Tille	· · · · · · · · · · · · · · · · · · ·	Date	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SH1 MIDWESTERN VALLEY MGMT LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTIETH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SH1 MIDWESTERN VALLEY MGMT LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

8300

Authentication: 203362576

Date: 04-30-24