

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

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

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)			FBE	
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the following		ies for authority to transac	t business in Kentucky on b	ehalf of the entity named below	
business trust		t corporation ability company erative association onal service corporation	pany statutory trust ociation other		
2. The name of the entity is AREC 50,	LLC			*	
(The n	ame must be identical to the na	me on record with the Se	ecretary of State.)		
3. The name of the entity to be used in K	entucky is (if applicable):	provide if "real name" is	s unavailable for use; othe	-ulas Janua blank V	
4. The state on a south condensate on law		•	s unavailable for use; othe	rwise, leave blank.)	
4. The state or country under whose law			V	**************************************	
5. The date of organization is 02.08.2023 and the period of duration is (If left blank, duration is considered perpetual.)					
6. The mailing address of the entity's prin	ncipal office is		<b>(</b>	, , , , , , , , , , , , , , , , , , , ,	
2727 N. Central Avenue		Phoenix	AZ	85004	
Street Address		City	State	Zip Code	
7. The street address of the entity's regis	tered office in Kentucky is				
306 W. Main Street, Suite 512,		Frankfort	KY	40601	
Street Address (No P.O. Box Numbers	)	City	State	Zip Code	
and the name of the registered agent at t	hat office is C T Corporation S	ystem			
8. The names and business addresses of	f the entity's representatives (secr	etary officers and director	rs managers trustees or ge	neral nartners).	
		The second secon		36476	
	2727 N. Central Avenue	Phoenix	AZ	85004	
	Street or P.O. Box	City Phoenix	State	Zip Code	
Jason A. Berg Name	2727 N. Central Avenue Street or P.O. Box	City	AZ State	85004 Zip Code	
Matthew F. Braccia	2727 N. Central Avenue	Phoenix	AZ	85004	
	Street or P.O. Box	City	State	Zip Code	
If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation.	states or territories of the United				
10. I certify that, as of the date of filing the	s application, the above-named e	ntity validly exists under th	e laws of the jurisdiction of it	s formation.	
11. If a limited partnership, it elects to be	a limited liability limited partnershi	<ul> <li>Check the box if applic</li> </ul>	cable:		
12. If a limited liability company, check					
13. This application will be effective upon	filing.				
	Ja:	son A. Berg, Manager	02.21.	2023	
Signature of Authorized Representative		Printed Name & Title		Date	
C T Corporation System,		consent to serve as the re-	gistered agent on behalf of ti	he husiness entity	
Type/Print Name of Registered Agent		Consolit to solve as tile le	giotorea agent on benail of th	no oddiness entity.	
C T Corporation System,	Crystle S	tevenson	Assistant Secretary	2/24/2023	
3y: Signature of Registered Agent	Printed Name		Title	Date	

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AREC 50, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/08/2023, and is in good standing in this state.

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Certificate Number: B202302093381390

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/09/2023.

FRANCISCO V. AGUILAR Secretary of State