

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 7/26/2023 9:27 AM Fee Receipt: \$90.00

Certificate of Authority (Foreign Business Entity)

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Busine	_		FDE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		for authority to transact	business in Kentucky on be	ehalf of the entity named below
1. The entity is a: profit corporation nonprofit co		orporation	professional limited liability company	
business trus	st Iimited liabil	lity company	statutory trust	
limited partnership Itd cooperat		tive association	public benefit corporation	
non-profit llc	'	Il service corporation	other other	
2. The name of the entity is BRYTEN R	EAL ESTATE PARTNERS, LLC		(01.1)	·
•	name must be identical to the name	on record with the Sec	cretary of State.)	
3. The name of the entity to be used in	(Only pro		unavailable for use; other	wise, leave blank.)
 The state or country under whose law The date of organization is _03/02/202 		and the period of durati	on is	·
		_and the pened of datas:	(If left blank, duration is	considered perpetual.)
The mailing address of the entity's pr 11201 N. Tatum Blvd., Suite 260	incipal office is	Phoenix	AZ	85028
Street Address		City	State	Zip Code
7. The street address of the entity's reg	istered office in Kentucky is			
828 Lane Allen Road, Suite 219		Lexington	KY	40504
Street Address (No P.O. Box Numbers	,	City	State	Zip Code
and the name of the registered agent at	that office is Registered Agent Solutions	i, Inc.		· · · · · · · · · · · · · · · · · · ·
8. The names and business addresses	of the entity's representatives (secreta	ary, officers and directors	s, managers, trustees or gei	neral partners):
Morrison, Ekre & Bart Management Services, Inc.	11201 N. Tatum Bivd., 260	Phoenix	AZ	85028
Name	Street or P.O. Box	City	State	Zip Code
Joseph Emerson	11201 N. Tatum Blvd., 260 Street or P.O. Box	Phoenix	AZ State	85028
Name	Street of P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation	re states or territories of the United Sta			
10. I certify that, as of the date of filing the	his application, the above-named entity	y validly exists under the	e laws of the jurisdiction of it	s formation.
11. If a limited partnership, it elects to be	e a limited liability limited partnership.	Check the box if applica	able:	
12. If a limited liability company, check	⟨ box if manager-managed: ✓			
13. This application will be effective upo	n filing.			
1-		Manager	7.0	27/0000
Signature of Authorized Representative		Printed Name & Title	7/07/2023 le Date	
organization of matrixing representative		· ····································		eer will DNA
I, Registered Agent Solutions, In Type/Print Name of Registered Agent	•	nsent to serve as the reg	gistered agent on behalf of t	he business entity.
Macky de	火 Mackenzie Hi	ibler	Asst. Secretary	7/20/2023
Signature of Registered Agent	Printed Name		Title	Date

Division of Business Filings



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

DELAWARE, DO HEREBY CERTIFY "BRYTEN REAL ESTATE PARTNERS, 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 FIFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRYTEN REAL ESTATE PARTNERS, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2023.

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



Authentication: 203680391

Date: 07-05-23