

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

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

**Certificate of Authority**

**FBE**

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 entity is a **profit corporation**.

2. The name of the entity is

**NHA BUFFALO CREEK GP, INC.**

3. The state or country under whose law the entity is organized is **Ohio**.

4. The date of organization is **7/2/2024** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**106 Village Pointe Drive, Powell, OH 43605**

6. The name of the initial registered agent is

**Accent Service, LLC**

and the street address of the entity's initial registered office in Kentucky is

**212 N. 2nd St., Ste. 100, Richmond, KY 40475**

7. The names and business addresses of the entity's representatives:

**Officer** R. Wayne Koehler 106 Village Pointe Drive, Powell, OH 43065

8. This application will be effective on **Tuesday, July 2, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **President: R. Wayne Koehler**

I, **Adam F. Saad**, consent to sign for **Accent Service, LLC** who serves as the Registered Agent on behalf of this entity on Tuesday, July 2, 2024.