

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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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**

**RCA**

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 limited liability company.
2. The name of the entity is: CUMBERLAND COVE RESORT LLC
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Ohio.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

**Principal Office**

4140 STATE ROUTE 47  
FORT LORAMIE, OH 45845

**Registered Agent Name/Address**

CARL WADE  
143 PUMPKIN CREEK RD  
JAMESTOWN, KY 42629

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. JAMES D. PLEIMAN on 10/20/2022
7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. CARL WADE on 10/20/2022