

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

1409905.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State

Received and Filed: 11/18/2024 3:01 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490	Certificate of Authority (Foreign Business Entity)			FBE	
www.sos.ky.gov			<u> </u>		
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		for authority to trans	act business in Kentucky on be	half of the entity named belo	
business tru	The entity is a: profit corporation nonprofit of business trust limited liab		professional limited liability company statutory trust other		
non-profit like  The name of the entity is TVT III,	Secure Financial	al service corporation			
(The	name must be identical to the name	on record with the	Secretary of State.)		
3. The name of the entity to be used in	(Only pr	ovide if "real name"	' is unavailable for use; other	wise, leave blank.)	
4. The state or country under whose la	w the entity is organized is Delaware				
5. The date of organization is <u>09/23/2</u>	024	and the period of du	ration is(If left blank, duration is	considered perpetual.)	
6. The mailing address of the entity's p	rincipal office is	Western Property of the Control of t	100440000		
495 Tennessee Street, Suite 152		Memphis	TN	38103	
Street Address		City	State	Zip Code	
7. The street address of the entity's reg	gistered office in Kentucky is	F1-6		40601	
306 W. Main Street, Suite 512 Street Address (No P.O. Box Number	re)	Frankfort City	KY	Zip Code	
			· ·		
and the name of the registered agent a					
8. The names and business addresses	of the entity's representatives (secreta		tors, managers, trustees or gene	eral partners):	
Tower Ventures Holdings IV, LLC	495 Tennessee Street, Suite 152	Memphis	TN	38103	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or 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 n.	tes or District of Colu	mbia to render a professional so	ervice described in the	
10. I certify that, as of the date of filing to	this application, the above-named entity	validly exists under	the laws of the jurisdiction of its	formation.	
11. If a limited partnership, it elects to b	e a limited liability limited partnership.	Check the box if app	licable:		
12. If a limited liability company, chec					
13. This application will be effective upon	on filing.	lackable S	Spains Andret	11.18.2024	
Signature of Authorized Representative		Printed Name & Tit	le	Date	
C T Corporation System,				D 12 020	
Type/Print Name of Registered Agent	, con	sent to serve as the r	registered agent on behalf of the	business entity.	
C T Corporation System,	0.00 1				
By:	SEAN L. EME	ERICK	ASSISTANT SECRETAR		
Signature of Registered Agent	Printed Name		Title	Date	