

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1429605.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

2/13/2025 10:32 AM Fee Receipt: \$90.00

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 follow		or authority to transact busine	ess in Kentucky on be	ha l f of the entity named below
non-profit llc professiona			professional limited liability company statutory trust public benefit corporation other	
2. The name of the entity is Thoroug	ghbred Land Holdings LLC name of the name of	on record with the Secretary	, of State)	
3. The name of the entity to be used in		on record with the Secretary	or State.)	
•	(Only pro	vide if "real name" is unava	ilable for use; other	wise, leave blank.)
4. The state or country under whose la 5. The date of organization is 11/21/	w the entity is organized is <u>Delawar</u> 19	e and the period of duration is		
		(If le	eft blank, duration is	considered perpetual.)
 The mailing address of the entity's p 1700 Lincoln St, Suite 3475 	rincipal office is	Denver	СО	80203
Street Address		City	State	Zip Code
7. The street address of the entity's rec 828 Lane Allen Rd Ste 219	istered office in Kentucky is	Lavinatan		40504
Street Address (No P.O. Box Number	rs)	Lexington City	KY State	Zip Code
and the name of the registered agent at		ervices, Inc.		·
8. The names and business addresses			agers, trustees or gen	eral partners):
Charles R Wesley, IV	1700 Lincoln St, Ste 3475	Denver	СО	80203
Name William A Bowlds	Street or P.O. Box	City	State CO	Zip Code 80203
Name	1700 Lincoln St, Ste 3475 Street or P.O. Box	Denver 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 mo statement of purposes of the corporation	re states or territories of the United Stat n.	es or District of Co l umbia to r	ender a professiona l s	ervice described in the
10. I certify that, as of the date of filing t	his 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 applicable:		
12. If a limited liability company, chec	k box if manager - managed: 🗵			
13. This application will be effective upo	on filling.			
Tanua Moore	Tanya Moore, Accounting Mgr 02/12/2025			
Tanya Moora Signature of Mithorized Representative		Printed Name & Title		Date
I, Capitol Corporate Services, I	nc, cons	sent to serve as the registered	l agent on beha l f of th	e business entity.
Rodney Walle		aller Accic	tant Secretary	02/12/2025
Signature of Registered Agent	Printed Name	Title	tant Goordiany	Date