

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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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

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 business entity is a **limited liability company**.
2. The name of the entity is: **CRDV CINCINNATI LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **8/20/2019** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

1733 WEST LANE AVENUE  
COLUMBUS, OH 43221

**8. Required Representatives**

<b>Manager</b>	CHRISTOPHER WATKINS	1733 WEST LANE COLUMBUS AVENUE	OH	43221
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**9. Registered Agent/Office**

COGENCY GLOBAL  
828 LANE ALLEN ROAD  
SUITE 219  
LEXINGTON, KY 40504

I, **JOE MORRIS**, consent to sign for **COGENCY GLOBAL** who serves as the **Registered Agent** on behalf of this Entity.

on Wednesday, September 27, 2023

As the Authorized Representative, I, **THOMAS H. MALLORY, JR.**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **LEGAL REPRESENTATIVE**