

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1378111.06
Michael G. Adams
Secretary of State
Received and Filed
7/11/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

CORE GROUP SOUTHERN INDIANA LLC

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

4. The date of organization is **6/14/2024** and the period of duration is **perpetual**.

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

1994 Charlestown New Albany Road STE 200, Jeffersonville, IN 47130

6. The name of the initial registered agent is

Dan Rose

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

326 S Broadway, Lexington, KY 40508

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

Manager	Tara Smith	1994 Charlestown New Albany Road, STE 200, Jeffersonville, IN 47130
----------------	------------	--

Organizer	Tara Smith	1994 Charlestown New Albany Road, STE 200, Jeffersonville, IN 47130
------------------	------------	--

8. This entity is managed by **Managers**.

9. This application will be effective on **Thursday, July 11, 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 **Manager: Tara Smith**

I, **Dan Rose**, consent to serve as the Registered Agent on behalf of this entity on Thursday, July 11, 2024.