

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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Fee receipt: \$570.00

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: KY MEDICAL CENTER HOTEL 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 Delaware.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

1017 ESSEX COURT
GOSHEN, KY 40026

Registered Agent Name/Address

Matthew E Williams
1017 ESSEX COURT
GOSHEN, KY 40026

Members/Managers

Member	Lazlo MM Investments, LLC	PO Box 683364, Park City, Utah 84068
Manager	Benton Equity Management, LLC	1017 ESSEX COURT, GOSHEN, KY 40026

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. Alan J Mao on 6/1/2023

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. Matthew E Williams on 6/1/2023