

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
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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: **LOUISVILLE KY PROPCO, LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **1/22/2024** and the period of duration is **perpetual**.
This Filing is Effective on Wednesday, January 24, 2024
5. This entity is managed by Managers

6. Principal Office

212 N. 2nd St. STE 100
Richmond, KY 40475

7. Required Representatives

Member	Isaac Moskowitz	212 N. 2nd St. STE 100	Richmond	KY	40475
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8. Registered Agent/Office

Registered Agents Inc
212 N. 2nd St. STE 100
Richmond, KY 40475

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.

on Wednesday, January 24, 2024

As the Authorized Representative, I, **Robin Jones**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **authorized signer**