WTH Michael G. Adams Kentucky Secretary of State Received and Filed: 9/8/2023 1:12 PM Fee Receipt: \$40.00

mmoore

0660713.16

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of (Foreign Busi			WFE
Pursuant to the provisions of KR business entity named below an 1. The name of the business en	d, for that purpose, sub	signed applies for a certification mits the following statement FORESTLAND FUND V SI e identical to the name on re	DE FUND II LIMITE	D PARTNERSHIP
	North Carolina			
 The state or country of formation is				
Street Address (No Post Office Box Numbers)		City	State	Zip Code

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Authorized Representative

Blackett Stensell 7.24.23 Printed Name Date