

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1300113.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

8/10/2023 11:20 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ertificate of Authority preign Business Entity)		FBE	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follo	. – 030 the undersigned wing statements:	hereby applies for authority to trans	act business in Kentucky or	n behalf of the entity named below	
business trust limited partnership non-profit llc limited lia td coope		nonprofit corporation limited liability company ltd cooperative association professional service corporation	statutory trust public benefit c	public benefit corporation	
2. The name of the entity is LDG Plutus	Fund, LLC	1 to the name on second with the	0		
		al to the name on record with the	Secretary of State.)		
The name of the entity to be used in	Kentucky is (if applicable	(Only provide if "real name"	' is unavailable for use: ot	herwise, leave blank.)	
4. The state or country under whose la					
5. The date of organization is December	r 22, 2021	and the period of du			
6. The mailing address of the entity's p	rincipal office is		(If left blank, duration	n is considered perpetual.)	
545 South Third Street		Louisville	KY	40202	
Street Address		City	State	Zip Code	
7. The street address of the entity's re 828 Lane Allen Road, Suite 219	gistered office in Kentuck	ky is Lexington	10.	40504	
Street Address (No P.O. Box Number	rs)	City	KY Stat	e Zip Code	
and the name of the registered agent a	t that office is Cogeno			—р	
8. The names and business addresses			tors managers trustees or	general partners):	
Chris Dischinger	545 South Third Street				
Name	Street or P.O. Box	Louisville City	State	40202 Zip Code	
Mark Lechner	545 South Third Street	Louisville	KY	40202	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation	ore states or territories of	olders, not less than one half (1/2) of the United States or District of Colu	of the directors, and all of the umbia to render a profession	e officers other than the secretary nal service described in the	
10. I certify that, as of the date of filing	this application, the abov	e-named entity validly exists under	the laws of the jurisdiction of	of its formation.	
11. If a limited partnership, it elects to b	e a limited liability limite	d partnership. Check the box if app	olicable:		
12. If a limited liability company, chec	k box if manager-mana	aged: 🗸			
13. This application will be effective up	on filing.				
Signature of Authorized Representative		Spencer Probst, Attorney/A		August 10,2023	
ı, Cogency Global, Inc.				of the hydroge or the	
Type/Print Name of Registered Agent	. 1.	, consent to serve as the	registered agent on behalf of	n the business entity.	
Melija k	bunkins M	elissa Hawkins	Assistant Secret	ary 08/10/2023	

Printed Name

Title

Date

Signature of Registered Agent