

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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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 **professional limited liability limited company**.

2. The name of the entity is

Storm Creek Associates LLC

3. The name of the entity to be used in Kentucky is

Storm Creek Associates LLC

4. The state or country under whose law the entity is organized is **Mississippi**.

5. The date of organization is **1/15/2016** and the period of duration is **perpetual**.

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

258 E High St Apt 104, Lexington, KY 40507

7. The street address of the entity's registered office in Kentucky is

1200 Clifton Rd, Versailles, KY 40383

and the name of the registered agent at that office is **Dawn Hall**.

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

Registered Agent	Dawn M Hall	1200 Clifton Rd Versailles	KY	40383
Authorized Rep	Dawn M Hall	1200 Clifton Rd Versailles	KY	40383
Authorized Rep	James Hall	1200 Clifton Rd Versailles	KY	40383

9. This entity is limited partnership that elects to be a limited liability limited partnership.

10. This entity is managed by **Members**.

11. This application will be effective on **Monday, April 22, 2024**.

As the Authorized Representative, I, **Dawn M Hall**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **Dawn M Hall**, consent to sign for **Dawn Hall** who serves as the **Registered Agent** on behalf of this professional limited liability limited company company.