

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1369215.06
Michael G. Adams
Secretary of State
Received and Filed
6/3/2024 12:00:00 AM
Fee receipt: \$90

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 **limited liability company**.

2. The name of the entity is

Capital Holdings 241, LLC

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

Capital Holdings 241, LLC

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

5. The date of organization is **5/21/2019** and the period of duration is **perpetual**.

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

901 S 15th St Ste 401, Louisville, KY 40210

7. The name of the initial registered agent is

Carroll Mackin

and the street address of the entity's initial registered office in Kentucky is

901 S 15th St Ste 401, Louisville, KY 40210

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

Registered Agent	Carroll Mackin	901 S 15th St Ste 401, Louisville, KY 40210
Manager	Carroll Mackin	901 S 15th St Ste 401, Louisville, KY 40210
Authorized Rep	Carroll Mackin	901 S 15th St Ste 401, Louisville, KY 40210

9. This entity is managed by **Managers**.

10. This application will be effective on **Monday, June 3, 2024**.

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

Signature of individual signing on behalf of **Authorized Rep:**
Carroll Mackin

I, **Carroll Mackin**, consent to sign for **Carro**
as the Registered Agent on behalf of this ent
2024.

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