

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/11/2023 9:54 AM Fee Receipt: \$90.00

kdcoleman ADD

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 Authority (Foreign Business Entity)		FBE	
	ions of KRS 14A – 030 submits the following sta		ereby applies for authority to transact b	usiness in Kentucky on behalf of the entity named below	
1. The entity is a:	profit corporation		nonprofit corporation	professional limited liability company	
	business trust	×	limited liability company	statutory trust	
	limited partnership		Itd cooperative association	public benefit corporation	
	non-profit llc		professional service corporation	other	
2. The name of the er	tity is Alco Properties	Partners, LLC			
			to the name on record with the Secr	etary of State.)	
3. The name of the el	tity to be used in Kentu	cky is (if applicable		navailable for use; otherwise, leave blank.)	
4. The state or countr	y under whose law the e	entity is organized i	B Delaware		
5. The date of organization is <u>07/25/2019</u>			and the period of duration is perpetual (If left blank, duration is considered perpetual.)		
6. The mailing addres	s of the entity's principa	I office is	MEMDING		

35 UNION AVE STE 300, MEMPHIS, 38103 IN Street Address City State Zip Code 7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512 Frankfort 40601 KY Street Address (No P.O. Box Numbers) State Zip Code City and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Robert Hyde	35 Union Avenue, Suite 300	Memphis	TN	38103
Name	Street or P.O. Box	City	State	Zlp Code
Berkeley Burbank	35 Union Avenue, Suite 300	Memphis	TN	38103

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing. \cap

ignature of Registered Agent		Printed Name	Title	Date
C T Corporation System By:	Sandra Zuyal	Sandra Zwijack	Assistant Secretary	04/10/2023
Type/Print Name of Registered Agent	0			Carley Control Control Control Carley
C T Corporation System		, consent to serve	as the registered agent on behalf of the	business entity.
ignature of Authorized Representative	0	Printed Na	me & Title	Date
Chasity Leg	J		dmin Services Mgr 04/07/202	

n: