

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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1/9/2023 10:24:21 AM

Fee receipt: \$90.00

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 business entity is a **limited liability company**.
2. The name of the entity is: **STNL RETAIL PORTFOLIO INVESTMENT FUND I, LLC**
3. The name of the entity to be used in Kentucky is (if applicable):
4. The state or country whose law the entity is organized is **Ohio**.
5. The date of organization is **4/15/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

8150 Corporate Park Drive, Ste. 110
Cincinnati, OH 45242

8. Required Representatives

Manager	Bryan L. Kelley	8150 Corporate Park Drive, Ste. 110	Cincinnati	OH	45242
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9. Registered Agent/Office

KMK Service Corp.
2335 Buttermilk Crossing, Ste. 303
Crescent Springs, KY 41017

I, **Paul V. Muething**, consent to sign for **KMK Service Corp.** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, January 9, 2023

As the Authorized Representative, I, **Bryan L. Kelley**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager, STNL Development, LLC, Manager of STNL Retail Portfolio Investment Fund I, LLC**