

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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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: **10505 GRAFTON HALL RD , LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Indiana**.
5. The date of organization is **5/5/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

4204 Crown Ct
Jeffersonville, IN 47130

8. Required Representatives

| | | | | | |
|---------------|------------|---------------|----------------|----|-------|
| Member | Juan Gomez | 4204 Crown Ct | Jeffersonville | IN | 47130 |
|---------------|------------|---------------|----------------|----|-------|

9. Registered Agent/Office

Juan Gomez
10505 GRAFTON HALL RD
LOUISVILLE, KY 40272

I, **Juan Gomez**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Thursday, May 4, 2023

As the Authorized Representative, I, **Juan Gomez**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **MEMBER**