

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY 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 business entity is a **limited liability company**.
2. The name of the entity is: **GLICK APARTMENT HOLDINGS, LLC**
3. The state or country whose law the entity is organized is **Indiana**.
4. The date of organization is **12/6/2007** and the period of duration is **12/31/2097**
This Filing is Effective on Tuesday, February 20, 2024
5. This entity is managed by Managers

6. Principal Office

8801 River Crossing Blvd, Suite 200
Indianapolis, IN 46240

7. Required Representatives

Manager	David O Barrett	8801 River Crossing Blvd, Suite 200	Indianapolis	IN	46240
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8. Registered Agent/Office

CT Corp
306 W Main St, Suite 512
Frankfort, KY 40601

I, **CT Corp**, consent to sign for **CT Corp** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, February 20, 2024

As the Authorized Representative, I, **Adam J. Richter**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Agent**