

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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

OV 19 SHEPHERDSVILLE, LLC

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **1/31/2024** and the period of duration is **perpetual**.

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

7940 Via Dellagio Way Suite 200, Orlando, FL 32819

6. The street address of the entity's registered office in Kentucky is

306 W Main Street Suite 512, Frankfort, KY 40601

and the name of the registered agent at that office is **CT Corporation System**.

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

Manager	Charles Whittall	7940 Via Dellagio Way, Suite 200	Orlando	FL	32819
Organizer	Charles Whittall	7940 Via Dellagio Way, Suite 200	Orlando	FL	32819

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

9. This application will be effective on **Thursday, April 25, 2024**.

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

I, **Amy Barnard**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this limited liability company company.