

**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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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: **SUNSET RIDGE MULTIFAMILY, 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 **Ohio**.
5. The date of organization is **7/28/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

160 West Main Street  
Suite 200  
New Albany, OH 43054

**8. Registered Agent/Office**

Registered Agent Solutions Inc.  
828 Lane Allen Road  
Suite 219  
Lexington, KY 40504

I, **Ryan DeAnda, Assistant Secretary**, consent to sign for **Registered Agent Solutions Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, July 31, 2023

As the Authorized Representative, I, **Jeannie Clayton**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Vice President**