

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

L902
1384932.06
Michael G. Adams
Secretary of State
Received and Filed
8/7/2024 12:00:00 AM
Fee receipt: \$90

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

Campus View Apartments KY, LLC

3. The name of the entity to be used in Kentucky is

Campus View Apartments KY, LLC

4. The state or country under whose law the entity is organized is **Ohio**.

5. The date of organization is **8/7/2024** and the period of duration is **perpetual**.

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

5905 E Galbraith Rd Ste 4100, Cincinnati, OH 45236

7. The name of the initial registered agent is

KMK Service Corp.

and the street address of the entity's initial registered office in Kentucky is

2335 Buttermilk Xing Ste 303, Crescent Springs, KY 41017

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

Registered Agent	KMK Service Corp.	2335 Buttermilk Xing Ste 303, Crescent Springs, KY 41017
Authorized Rep	Jody T Klekamp	1 E. 4th Street, Cincinnati, OH 45202
Manager	Peter C Klekamp	5905 E Galbraith Rd Ste 4100, Cincinnati, OH 45236

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

10. This filing will be effective on **Wednesday, August 7, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep: Jody**

T Klekamp

I, **Robin Shoemaker**, consent to sign for **KM**
who serves as the Registered Agent on behalf of
Wednesday, August 7, 2024.

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