

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: **ORION HOUSING, 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 **6/16/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

PO Box 1214  
Jeffersonville, IN 47131

**8. Required Representatives**

<b>Manager</b>	Logan Sowell	PO Box 1214	Jeffersonville	IN	47131
<b>Manager</b>	Danielle Lockard	PO Box 1214	Jeffersonville	IN	47131

**9. Registered Agent/Office**

B & B Location Services, LLC  
2841 hikes lane #111  
Louisville, KY 40218

I, **T Renee Buster**, manager, consent to sign for **B & B Location Services, LLC** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, June 22, 2023

As the Authorized Representative, I, **T Renee Buster**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **authorized agent**