



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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: ☐ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☒ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ public benefit corporation
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is North American Properties-Atlanta, Ltd.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): North American Properties-Atlanta, Ltd. Liability Company
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is July 16, 1996 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
212 East Third Street, Suite 300 Cincinnati OH 45202
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
408 Keeneland Drive Fort Thomas KY 41075
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Joan Thompson

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Kevin P. Riley	212 East Third Street, Suite 300	Cincinnati	OH	45202
Name	Street or P.O. Box	City	State	Zip Code

Name	Street or P.O. Box	City	State	Zip Code
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Name	Street or P.O. Box	City	State	Zip Code
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9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing.

NAP Management LLC

Signature of Authorized Representative

NAP Management LLC by Kevin P. Riley, COO May 15, 2024

Printed Name & Title

Date

I, Joan Thompson, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

/s/ Joan Thompson

Signature of Registered Agent

Joan Thompson

Printed Name

Title

May 15, 2024

Date