

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Certificate of Authority

1378838.06

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Michael G. Adams **Kentucky Secretary of State**

Received and Filed: 7/15/2024 2:23 PM Fee Receipt: \$90.00

Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Business Entity)			Т ос т состра фос. ос
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and	nd KRS 271B, 273, 274,275, 362 and for that purpose, submits the following	386 the undersigned he statements:		
business trus limited partne non-profit llc	t (KRS 386). Iimited liabiliership (KRS 362). (KRS 275)	rporation (KRS 273) ty company (KRS 275) ve assn. (KRS) assn. (KRS)		al service corporation (KRS 274) al limited liability company (KRS 275) ust
2. The name of the entity is VB Nine	, LLC ne must be identical to the name on reco	rd with the Secretary of St	rate.)	
3. The name of the entity to be used in4. The state or country under whose law	Kentucky is (if applicable): (Only provote the entity is organized is Delaware	vide if "real name" is unav	railable for use; othe	
5. The date of organization is $07/11/20$	J24	and the period of the	(If left blank, the pe	eriod of duration is considered perpetual.
6. The mailing address of the entity's positive 300 Crescent Court, Suite 700	rincipal office is	Dallas	TX	75201
Street Address		City	State	Zip Code
7. The street address of the entity's reg 306 W. Main Street, Suite 512	istered office in Kentucky is	Frankfort	KY State	40601 Zip Code
Street Address (No P.O. Box Numbers)	City	otate	_,,	
and the name of the registered agent at	that office is CT Corporation Syst	CIII		er general partners).
8. The names and business addresses		iry, officers and directors		
Brian Mitts	300 Crescent Court, Suite 700	Dallas	TX	75201 Zip Code
Name	Street or P.O. Box	City Dallas	State TX	75201
Matt McGraner	300 Crescent Court, Suite 700 Street or P.O. Box	City	State	Zip Code
Name Paul Richards	300 Crescent Court, Suite 700	Dallas	TX	75201
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all the in more states or territories of the United States or 10. I certify that, as of the date of filing to 11. If a limited partnership, it elects to be serviced in the service of the s	District of Columbia to render a professional sel his application, the above-named entit:	vice described in the stateme y validly exists under the	e laws of the jurisdic	poration.

The effective date or the del	layed effective date ca	nnot be prior to the date the application is filed. The date and/or time is		
Please indicate the Kentucky County: Kenton, Campb		ousiness operates:		
To complete the following, please shade the box completely.				
Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees)		Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: Women-Owned Veteran Owned Minority Owned		
Please indicate which of the following best describes your business:				
Agriculture Wholesale Trade Public Administration	☐Mining ☐Retail Trade ☐Transportation, (☐ Services ☐ Construction ☐ Manufacturing ☑ Finance, Insurance, Real Estate Communications, Electric, Gas, Sanitary Services		

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

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

Brian Mitts, Authorized Signatory

07/11/2024

Date

Printed Name & Title

consent to serve as the registered agent on behalf of the business entity.

07/12/2024

Signature of Registered Agent

I. C T Corporation System

Signature of Authorized Representative

Type/Print Name of Registered Agent C T Corporation System

Division of Business Filings

Sandra Zwijack **Printed Name**

Assistant Secretaty

Date

(05/17)