

1223439.06

Kentucky Secretary of State Received and Filed:

Michael G. Adams

8/2/2022 8:35 AM

Fee Receipt: \$90.00

dwilliams ADD

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate (Foreign Busin	of Authority ness Entity)		FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	 030 the undersigned hereby applies ving statements; 	for authority to transact	t business in Kentucky	on behalf of the entity named below
 The entity is a: profit corporation business true business true limited partners non-profit llc The name of the entity is Real Get 	ation nonprofit c st limited liabi ership professiona	orporation ility company tive association al service corporation	professional I statutory trust other	imited liability company
(The name must be identical to the name on record with the Secretary of State.)				
 The name of the entity to be used in The state or country under whose law The date of organization is 6/12/20 	(Only pr w the entity is organized is Florida	rovide if "real name" is _and the period of durat	ion is Perpetual	otherwise, leave blank.)
6. The mailing address of the entity's p	rincipal office is		(If left blank, durati	on is considered perpetual.)
4742 S Lake Drive		Boynton Beach	FL	33436
Street Address		City	State	Zip Code
 The street address of the entity's reg 400 West Market Street, Suite 		Louisville	KY	40202
Street Address (No P.O. Box Number		City	KYSt	ate Zip Code
and the name of the registered agent at	that office is Universal Registere	ed Agents, Inc.		
8. The names and business addresses			s. managers, trustees o	or general partners):
Jamie A Thornton	1625 S Congress Ave, Ste 19		FL	33445
Name	Street or P.O. Box	City	State	Zip Code
	-			
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
 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. 				
The construct systematic and the second systematic processing the systematic systemat				n of its formation.
11. If a limited partnership, it elects to be	a limited liability limited partnership.	Check the box if applic		
12. If a limited liability company, check box if manager-managed:				
13. This application will be effective upo	in filing.			
	-			
	Jam	ie A Thornton - Mer	mber	07/28/2022
Signature of Authorized Representative		Printed Name & Title		Date
I, Universal Registered Agents, Type/Print Name of Registered Agent	Inc, co	nsent to serve as the reg	gistered agent on behal	f of the business entity.
- BADAHI	Bonnie Zane	tti	Assistant Vice Pres	sident 07/28/2022
Signature of Registered Agent	Printed Name		Title	Date