

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1399039.06
Michael G. Adams
Secretary of State
Received and Filed
10/1/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

College House Partners LLC

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

College House Partners LLC

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

5. The date of organization is **10/1/2016** and the period of duration is **perpetual**.

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

3495 Piedmont Rd Ne Ste 402, Atlanta, GA 30305

7. The name of the initial registered agent is

Grant Edwards

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

322 Perry St, Mayfield, KY 42066

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

Registered Agent Grant Edwards 322 Perry St, Mayfield, KY 42066

Authorized Rep Grant Edwards 3495 Piedmont Rd Ne Ste 402, Atlanta, GA 30305

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

10. This filing will be effective on **Tuesday, October 1, 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: Grant Edwards**

I, **Grant Edwards**, consent to sign for **Grant Edwards** who serves
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as the Registered Agent on behalf of this ent
October 1, 2024.

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