

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/10/2020 7:50 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		cate of Authorit Business Entity)	у	FBE	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		applies for authority to t	ransact business in Ke	entucky on behalf of t	he entity named below
business trust limited partnership non-profit llc pro		nprofit corporation ited liability company cooperative association ofessional service corporation		professional limited liability company statutory trust other	
2. The name of the entity is Garden Es	tates Properties LP name must be identical to the	e name on record with	the Secretary of State	e.)	·
<ol><li>The name of the entity to be used in</li></ol>	Kentucky is (if applicable):				
	(1	Only provide if "real na	me" is unavailable fo	or use; otherwise, le	ave blank.)
<ul><li>4. The state or country under whose la</li><li>5. The date of organization is July 22, 2</li></ul>	w the entity is organized is Dela	and the period o	of duration is		
		and the period c		, duration is conside	ered perpetual.)
<ol><li>The mailing address of the entity's p</li><li>119 Glen Park Avenue</li></ol>	rincipal office is	Tortonto	Cana	ada M6B 2	CD.
Street Address		City	State		
7. The street address of the entity's reg 400 West Market Street, 32nd Floor	jistered office in Kentucky is	Louisville	KY	40202	
Street Address (No P.O. Box Number	rs)	Cit		State	Zip Code
and the name of the registered agent a	that office is FBT LLC				×
The names and business addresses		secretary, officers and d	irectors, managers, tru	istees or general part	ners):
	119 Glen Park Avenue	Toronto	Cana		
Garden Estates Lexington GP, Inc.  Name	Street or P.O. Box	City	State		
Joseph Waldman	119 Glen Park Avenue	Toronto	Cana		
Name	Street or P.O. Box	City	State	Zip Co	ode
Name	Street or P.O. Box	City	State	Zip Co	ode
<ul><li>9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio</li><li>10. I certify that, as of the date of filing the statement of the statem</li></ul>	re states or territories of the Un n.	ited States or District of	Columbia to render a p	orofessional service de	escribed in the
				sciction of its formatic	л.
11. If a limited partnership, it elects to b	e a limited liability limited partne	ership. Check the box if	applicable:		
12. If a limited liability company, chec					
1 0 0 00	Λ	Joseph Waldman,	President	9/9/2020	)
Signature of Authorized Representative	1	Printed Name	& Title	Date	***************************************
FBT LLC  Type/Print Name of Registered Agent		, consent to serve as	the registered agent or	n behalf of the busine	ss entity.
Typer Time rame of Registered Agent	250 FBT LLC	by: Jonna Case	Manager		9/9/202
Signature of Registered Agent	Printed Na	me	Title		Date