



**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 Limited Partnership**  
**(Domestic Business Entity)**

**KNP**

Pursuant to the provisions of KRS 14A and KRS 362, the undersigned applicant applies to register a certificate of limited partnership and for that purpose submits the following statement:

A Kentucky limited partnership is formed pursuant to the Kentucky Uniform Limited Partnership Act (2006).

1. The name of the limited partnership is Valley Village Investors LP.

2. The mailing address of the principal office of the limited partnership is:

3374 Shore Parkway, Suite 2C	Brooklyn	NY	11235
<b>Street Address or Post Office Box Numbers</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

3. The street address of the limited partnership's initial registered office in Kentucky is:

306 W Main Street, Suite 512	Frankfort	KY	40601
<b>Street Address (No Post Office Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

4. The name of the initial registered agent at that office is Vcorp Agent Services, Inc..

5. The name and street address of each general partner is:

Valley Village GP LP	3374 Shore Parkway, Suite 2C	Brooklyn	NY	11235
<b>Name</b>	<b>Street Address (No Post Office Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Name</b>	<b>Street Address (No Post Office Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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6. The limited partnership elects to be a limited liability limited partnership. Check the box if applicable: ☐

7. This application will be effective upon filing.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Kalman Tokarsky, Manager of Valley Village JV GP LLC, GP of Valley Village GP LP, GP 02/16/2023

<b>Signature of Partner</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Signature of Partner</b>	<b>Printed Name</b>	<b>Date</b>
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I, Vcorp Agent Services, Inc., consent to serve as the registered agent on behalf of the limited partnership.

**Print Name of Registered Agent**

<u>Mimi Sanik</u>	Mimi Sanik	02/16/2023
<b>Signature of Registered Agent</b>	<b>Printed Name</b>	<b>Date</b>