

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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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

**BRIDLEWOOD CROSSING GP, LLC**

3. The state or country under whose law the entity is organized is **Ohio**.

4. The date of organization is **6/17/2022** and the period of duration is **perpetual**.

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

**500 South Front Street 10th Floor 500 South Front Street 10th Floor, Columbus, OH 43215**

6. The name of the initial registered agent is

**Tammy Stansbury**

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

**189 Alpine Drive, Shelbyville, KY 40065**

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

**Member** David Cooper 500 South Front Street 10th Floor, Columbus, OH  
43215

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

9. This application will be effective on **Monday, July 8, 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 **Managing Member:**  
**David Cooper, Jr**

I, **Tammy Stansbury**, consent to serve as the Registered Agent on behalf of this entity on Monday, July 8, 2024.