

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/11/2022 8:45 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Certificate of Authority (Foreign Business Entity)

Pursuant to the provisions of KRS 14, and, for that purpose, submits the follo	A – 030 the undersigne owing statements:	d hereby applies for autho	rity to transact busin	ess in Kentucky o	on behalf of the entity named be	
1. The entity is a: profit corpo	oration	ation nonprofit corporation		professional li	mited liability company	
business to		Iimited liability compa		statutory trust		
limited par		Itd cooperative assoc	_	other		
non-profit I	. г	professional service		_ outlot		
•			oorporation			
 The name of the entity is AREG US (Th 	e name must be ident	ical to the name on recor	d with the Secretar	y of State.)		
3. The name of the entity to be used i	n Kentucky is (if applica	able): (Only provide if "	real name" is unav	ailable for use; o	otherwise, leave blank.)	
4. The state or country under whose I	aw the entity is organiz					
5. The date of organization is $\frac{12/01/20}{12}$			period of duration is			
_			(If I	eft blank, duration	on is considered perpetual.)	
6. The mailing address of the entity's			CA	00007		
2000 Avenue of the Stars, 12th Floor		Los Ang	jeies	CA State	90067	
Street Address		City		State	Zip Code	
7. The street address of the entity's re	egistered office in Kento	•	l-		40202	
101 North Seventh Street Street Address (No P.O. Box Number	ore)	Louisvill	City	KYSta		
•	•	Amount Curry land	City	Sta	Lip Code	
and the name of the registered agent	at that office is United F	gent Group Inc.				
8. The names and business addresse	es of the entity's represe	entatives (secretary, officer	s and directors, man	agers, trustees o	general partners):	
AREG USCD Industrial Portfolio Holdco LLC	2000 Avenue of the St	ars, 12th Floor Los An	geles	CA	90067	
Name	Street or P.O. Box	City	<u> </u>	State	Zip Code	
						
Name	Street or P.O. Box	City		State	Zip Code	
Name	Street or P.O. Box	City		State	Zip Code	
 If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation 	ore states or territories					
10. I certify that, as of the date of filing	this application, the ab	ove-named entity validly e	xists under the laws	of the jurisdiction	of its formation.	
11. If a limited partnership, it elects to	be a limited liability limi	ted partnership. Check th	e box if applicable:			
12. If a limited liability company, che	ck box if manager-ma	naged:				
13. This application will be effective u	oon filing.	2				
		Joseph Panholze	er, Special Manager	07/1	11/2022	
Signature of Authorized Representative		Printed	d Name & Title		Date	
United Agent Group Inc.		, consent to se	erve as the registered	d agent on hehalf	of the business entity.	
Type/Print Name of Registered Agent	\cap \cap	, consont to oc	5 ac 5 regionalo	go on bondi		
	Hund	Carlos Alvarez	Cna-i-l	Secretary	07/11/2022	
Signature of Registered Agent		Printed Name	Title	Oeci etai y		