Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1436946.06
Michael G. Adams
Secretary of State
Received and Filed
3/11/2025 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

FORTEC 8715 LOUISVILLE KY LLC

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

4. The date of organization is **3/11/2025** and the period of duration is **perpetual**.

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

1395 Brickell Ave Suite 760, Miami, FL 33131

6. The name of the initial registered agent is

InCorp Services, Inc.

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

828 Lane Allen Road Ste 219, Lexington, KY 40504

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

Manager	Martin Saidon	1395 Brickell Avenue, Suite 760, Miami, FL 33131
Organizer	Martin Saidon	1395 Brickell Avenue, Suite 760, Miami, FL 33131

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

9. This filing will be effective on **Tuesday, March 11, 2025**.

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 Representative: Martin Saidon**

I, **Kathy Shin**, consent to sign for **InCorp Services, Inc.** who serves as the Registered Agent on behalf of this entity on Tuesday, March 11, 2025.