



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1261048.16 glowe
ADD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
2/17/2023 3:03 PM
Fee Receipt: \$40.00

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 GP LP.

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

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

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

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

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 JV GP LLC	3374 Shore Parkway, Suite 2C	Brooklyn	NY	11235
Name	Street Address (No Post Office Box Numbers)	City	State	Zip Code

Name	Street Address (No Post Office Box Numbers)	City	State	Zip Code
-------------	--	-------------	--------------	-----------------

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 02/16/2023

Signature of Partner	Printed Name	Date
-----------------------------	---------------------	-------------

Signature of Partner	Printed Name	Date
-----------------------------	---------------------	-------------

I, Vcorp Agent Services, Inc., consent to serve as the registered agent on behalf of the limited partnership.

Print Name of Registered Agent

	Mimi Sanik	02/16/2023
Signature of Registered Agent	Printed Name	Date