

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1264149.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/1/2023 10:22 AM 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)

www.sos.ky.gov			
Pursuant to the provisions of KRS 14A – 030 the uand, for that purpose, submits the following statem		ransact business in Kentucky on	behalf of the entity named belo
1. The entity is a: profit corporation	nonprofit corporation	professional limit	ed liability company
business trust	limited liability company	statutory trust	ed hability company
limited partnership	Itd cooperative association	other	
non-profit llc	professional service corpora		
2. The name of the entity is	Cambridge Property Holdco LLC		
	ι με ruentical to the name on record with	the Secretary of State.)	·
3. The name of the entity to be used in Kentucky is		,	
The state or country under whose law the entity	(Only provide if "real na	me" is unavailable for use; oth	erwise, leave blank.)
5. The date of organization is February 28, 2	•	f duration is	 '
	•		is considered perpetual.)
The mailing address of the entity's principal office 300 Provider Court	ce is Richmond	KY	40475
Street Address	City	State	Zip Code
	•	Otato	2.p 0000
 The street address of the entity's registered office 828 Lane Allen Road, Suite 219 	ce in Kentucky is Lexington	KY	40504
Street Address (No P.O. Box Numbers)	City		Zip Code
and the name of the registered agent at that office	is Cogency Global Inc.		
		iractora managara trustaga ar ge	onoral partners):
The names and business addresses of the entit	y's representatives (secretary, officers and d	nectors, managers, trustees or ge	merai partners).
ELI GRINSPAN 300 Provide		KY	40475
Name Street or MAYER FISCHL 300 Provid		State KY	Zip Code 40475
Name Street or		State	Zip Code
	,		p
Name Street or	P.O. Box City	State	Zip Code
9. If a professional service corporation, all the indivand treasurer are licensed in one or more states or statement of purposes of the corporation. 10. I certify that, as of the date of filing this applicat	territories of the United States or District of	Cólumbia to render a professiona	I service described in the
11. If a limited partnership, it elects to be a limited l	iability limited partnership. Check the box if	applicable:	
12. If a limited liability company, check box if ma	nager-managed:		
13. This application will be effective upon filing.			
9.1	DIANA JOHNSON	2/7/202	ব
Signature of Authorized Representative	Printed Name 6		Date
Cogency Global Inc.	consent to serve as	the registered agent on behalf of	the husiness entity
Type/Print Name of Registered Agent	, consent to serve as	ino registered agent on benall of	uic business citily.
Man (swell	Sheila Carroll	Assistant Casustan	2/28/2023
Signature of Registered Agent	Printed Name	Assistant Secretary Title	Date
signature of requestorous rigorit			Julio