

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1320850.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

11/13/2023 10:26 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718			of Authority		F	BE
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Foreign Busir	ness Entity)			
Pursuant to the provisions of KRS 14/ and, for that purpose, submits the follo	A – 030 the undersigner wing statements:	ed hereby applies	for authority to transact	business in Kentu	ucky on behal	f of the entity named bel
1. The entity is a: profit corpo	ration	nonprofit co	ornoration	nrofessi-		1.304
business tr	_		lity company	statutory		bility company
limited part	nership		tive association		nusi nefit corporati	ion
non-profit II	c [I service corporation	other	neni corporati	OH
2. The name of the entity is		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lavinia Group, LL			
(The	name must be identi	ical to the name	on record with the Sec	cretary of State)		
3. The name of the entity to be used in	n Kentucky is (if applica	able):				
		(Only pr	ovide if "real name" is	unavailable for u	se; otherwise	e, leave blank,)
4. The state or country under whose la	w the entity is organize	ed is		NY		
5. The date of organization is	4/30/2015		and the period of duration	on is		
6. The mailing address of the entity's p	orincipal office is			(If left blank, du	ıration is con	sidered perpetual.)
2805 Dodd	Rd Ste 200		Eagan	ı.	ΛN	55121
Street Address			City	State		p Code
7. The street address of the entity's re	gistered office in Kentu	cky is				
Street Address (No P.O. Box Numbe	Road Suite 219		Lexington	KY		40504
	-		City		State	Zip Code
and the name of the registered agent a				/ Global Inc.		•
8. The names and business addresses	of the entity's represe	ntatives (secreta	ry, officers and directors,	managers, truste	es or general	partners):
Adam Hall	2410 Old Ivy F		Charlottesvill			22903
Name	Street or P.O. Box		City	State		p Code
Name	Street on D.O. Don	· · · · · · · · · · · · · · · · · · ·				
	Street or P.O. Box		City	State	Zi	p Code
Name	Street or P.O. Box		City	State	Zi	p Code
If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio		holders, not less of the United Stat	than one half (1/2) of the es or District of Columbi	e directors, and all a to render a profe	of the officers	other than the secretary e described in the
10. I certify that, as of the date of filing t	his application, the abo	ove-named entity	validly exists under the l	aws of the jurisdic	tion of its form	nation.
11. If a limited partnership, it elects to b	e a limited liability limite	ed partnership. (Check the box if applicat	ole:		
If a limited liability company, checl	k box if manager-man	aged: 🏻				
This application will be effective upo	n filing.					
Adam Hall			Adam Hall Manaag	er	11/9/23	,
Signature of Authorized Representative			Printed Name & Title		Dat	
, Cogency Gl Type/Print Name of Registered Agent	obal Inc.	, cons	ent to serve as the regis	tered agent on be	half of the bus	siness entity.
Type/Print Name of Registered Agent						•
LEGITATION OF THE AND A	7					

JAIME TORRES

Printed Name

ASSISTANT SEC.

Title

10/4/2023

Date

Signature of Registered Agent

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

LAVINIA GROUP LLC

DOS ID Number:

4751155

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

04/30/2015

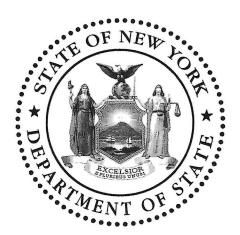
Statement Status:

CURRENT

Statement Due Date:

04/30/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 08, 2023 at 04:31 P.M.

Brandon C Hughen

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100004636029 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

New York State Department of State Division of Corporations, State Records and Uniform Commercial Code COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

COGENCY GLOBAL INC. 194 WASHINGTON AVENUE SUITE 310 ALBANY NY 12210

DATE:

11/08/2023

TRANSACTION NUMBER:

202311080004371

ENTITY INFORMATION:

ENTITY NAME:

LAVINIA GROUP LLC

DOS ID:

4751155

DATE OF INITIAL DOS FILING:

04/30/2015

REQUESTED SERVICES:	NUMBER REQUESTED:	FEE:
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$0.00

TOTAL PAYMENTS RECEIVED:	\$25.00
CASH:	\$0.00
CHECK/MONEY ORDER:	\$0.00
CREDIT CARD:	\$0.00
DRAWDOWN ACCOUNT:	\$25.00
REFUND DUE:	\$0.00

REQUESTED COPY

FILE DATE

FILE NUMBER