



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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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
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 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: [] profit corporation [] nonprofit corporation [] professional limited liability company
[] business trust [X] limited liability company [] statutory trust
[] limited partnership [] ltd cooperative association [] public benefit corporation
[] non-profit llc [] professional service corporation [] other

2. The name of the entity is Lavinia Group, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is NY

5. The date of organization is 4/30/2015 and the period of duration is
(if left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
2805 Dodd Rd Ste 200 Eagan MN 55121
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road Suite 219 Lexington KY 40504
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Cogency Global Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):
Table with 5 columns: Name, Street or P.O. Box, City, State, Zip Code. Row 1: Adam Hall, 2410 Old Ivy Rd Ste 203, Charlottesville, VA, 22903.

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: []

12. If a limited liability company, check box if manager-managed: [X]

13. This application will be effective upon filing.

Adam Hall Adam Hall Manager 11/9/23
Signature of Authorized Representative Printed Name & Title Date

I, Cogency Global Inc., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Jaime Torres JAIME TORRES ASSISTANT SEC. 10/4/2023
Signature of Registered Agent Printed Name Title Date

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.

ROBERT J. RODRIGUEZ, Secretary of State

A handwritten signature in black ink that reads "Brendan C. Hughes".

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

<u>REQUESTED SERVICES:</u>	<u>NUMBER REQUESTED:</u>	<u>FEE:</u>
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**