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

7/14/2021 3:08 PM Fee Receipt: \$90.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		icate of Authority Business Entity)		FBE
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the following	030 the undersigned hereb	y applies for authority to transac	et business in Kentucky o	on behalf of the entity named below
business trust limited partner non-profit lic	business trust		professional limited liability company statutory trust other	
(The n	ame must be identical to t	ne name on record with the Se	ecretary of State.)	
3. The name of the entity to be used in K	entucky is (if applicable): Bit	ie Canyon 35 KY, LLC		Aboutles Issue block
4. The state or country under whose law	the entity is organized is De	(Only provide if "real name" is slaware	s unavallable for use; o	therwise, leave blank.)
5. The date of organization is July 7, 202	.1	and the period of dura	ition is	
6. The mailing address of the entity's prin	ncipal office is		(If left blank, duratio	on is considered perpetual.)
1266 Furnace Brook Parkway, Ste. 300		Quincy	MA	02169
Street Address		City	State	Zip Code
 The street address of the entity's regis Lane Allen Road 	tered office in Kentucky is	Lexington	_KY	40504
Street Address (No P.O. Box Numbers		City	Sta	
and the name of the registered agent at t	nat office is Captiol Corpora	te Services, Inc.		*
8. The names and business addresses of			rs, managers, trustees or	general partners);
Stephen F. Vazza 1	266 Furnace Brook Parkway	, Ste. 300 Quincy	MA	02169
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation. 10. I certify that, as of the date of filing this.	states or territories of the U	nited States or District of Colum	ibia to render a profession	nal service described in the
11. If a limited partnership, it elects to be	a limited liability limited partr	nership. Check the box if applic	cable:	
12. If a limited liability company, check	box If manager-managed:			
13. This_applismallembylll be effective upon	filing.			
Stephen F. Vazza		Stephen F. Vazza	lithe	8, 2021
Signature of Authorized Representative		Printed Name & Title	- July	Date
I, Capitol Corporate Services, Inc. Type/Print Name of Registered Agent		, consent to serve as the re	gistered agent on behalf	of the business entity,
Signature of Registered Ageryl	Sadi Printed N	Boyette lame	Assistant Sec	retary July 8, 2021