

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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5/19/2023 4:33:38 PM

Fee receipt: \$90.00

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 business entity is a **limited liability company**.
2. The name of the entity is: **LOUISVILLE SWEENEY LANE, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **4/17/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

3841 Green Hills Village Dr, Ste 400  
Nashville, TN 37215

**8. Required Representatives**

<b>Member</b>	Tim Dearman	3841 Green Hills Village Dr, Ste 400	Nashville	TN	37215
<b>Member</b>	Mark McDonald	3841 Green Hills Village Dr, Ste 400	Nashville	TN	37215
<b>Member</b>	William A. Oldacre	3841 Green Hills Village Dr, Ste 400	Nashville	TN	37215

**9. Registered Agent/Office**

Corporation Service Company  
421 W Main Street  
Frankfort, KY 40601

I, **Tim Dearman**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, May 19, 2023

As the Authorized Representative, I, **Tim Dearman**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**