

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902
1431656.06
Michael G. Adams
Secretary of State
Received and Filed
2/20/2025 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

Milestone Retirement Communities

3. The name of the entity to be used in Kentucky is

Milestone Retirement Communities Limited Liability Company

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

5. The date of organization is **12/21/2016** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

421 W Main St, Frankfort, KY 40601

7. The name of the initial registered agent is

CSC

and the street address of the entity's initial registered office in Kentucky is

421 W Main St, Frankfort, KY 40601

8. The names and business addresses of the entity's representatives:

Registered Agent	CSC	421 W Main St, Frankfort, KY 40601
Manager	Caryl Ridgeway	12500 Se 2nd Cir Ste 205, Vancouver, WA 98684
Authorized Rep	Ginger Tarabochia	12500 Se 2nd Cir Ste 205, Vancouver, WA 98684

9. This entity is managed by **Managers**.

10. This filing will be effective on **Thursday, February 20, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep:**

Ginger Tarabochia

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I, **Ginget Tarabochia**, consent to sign for C
Registered Agent on behalf of this entity on T
2025.

