

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1275958
Michael G. Adams
KY Secretary of State
Received and Filed

L902

4/19/2023 2:14:54 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: **TENANTS FIRST, 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 **Ohio**.
5. The date of organization is **3/8/2011** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

1239 Grace Ave
Cincinnati, OH 45208

8. Required Representatives

Member	Sean Sullivan	1239 Grace Ave	Cincinnati	OH	45208
---------------	---------------	----------------	------------	----	-------

9. Registered Agent/Office

SSP Statutory Services, LLC
7310 Turfway Rd. Ste 550
Florence, KY 41042

I, **Patrick R. Veith**, consent to sign for **SSP Statutory Services, LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, April 19, 2023

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