



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

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

- The entity is a:
☐ profit corporation
☐ business trust
☒ limited partnership
☐ non-profit llc
☐ nonprofit corporation
☐ limited liability company
☐ ltd cooperative association
☐ professional service corporation
☐ professional limited liability company
☐ statutory trust
☐ public benefit corporation
☐ other
- The name of the entity is **FOF Fund I, LP**
(The name must be identical to the name on record with the Secretary of State.)
- 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.)
- The state or country under whose law the entity is organized is **Delaware**
- The date of organization is **2/8/2023** and the period of duration is
(If left blank, duration is considered perpetual.)
- The mailing address of the entity's principal office is
119 Evergreen Rd #436482
Street Address City State Zip Code
Louisville KY 40253
- The street address of the entity's registered office in Kentucky is
828 Lane Allen Rd Ste 219
Street Address (No P.O. Box Numbers) City State Zip Code
Lexington KY 40504
- and the name of the registered agent at that office is **Capitol Corporate Services, Inc.**
- The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

| Name | Street or P.O. Box | City | State | Zip Code |
|--------------------------|---------------------------------|-------------------|-----------|--------------|
| Erik Hitzelberger | 119 Evergreen Rd #436482 | Louisville | KY | 40253 |
| Name | Street or P.O. Box | City | State | Zip Code |
| Name | Street or P.O. Box | City | State | Zip Code |
- 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.
- 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.
- If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐
- If a limited liability company, check box if manager-managed: ☐
- This application will be effective upon filing.

Signature of Authorized Representative

Erik Hitzelberger GP
Printed Name & Title

9/22/23
Date

I, **Capitol Corporate Services, Inc.**

consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

Michelle Ellis
Signature of Registered Agent

Michelle Ellis
Printed Name

Assistant Secretary
Title

9/22/2023
Date