

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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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: **CIH-1, 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 **Wyoming**.
5. The date of organization is **11/21/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

8650 Freeport PKWY  
STE 100  
Irving, TX 75063-1916

**8. Required Representatives**

<b>Manager</b>	Robert Wayne Stout	2317 Pheasant Trl Arlington	TX	76016-1959
<b>Manager</b>	Scott Andrew Haire	3223 Lemmon Ave; Apt 3105	Dallas TX	75204

**9. Registered Agent/Office**

Legallnc  
9900 Corporate Campus DR  
STE 3000  
Louisville, KY 40223

I, **Erik Treutlein**, consent to sign for **Legallnc** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, August 31, 2023

As the Authorized Representative, I, **Robert Wayne Stout**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**