

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1353963.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/1/2024 9:41 AM Fee Receipt: \$90.00

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

(502) 564-3490 www.sos.ky.gov						
	ions of KRS 14A – 030 the unders submits the following statements:	igned hereby a	applies for authority to transact	business in Kentucky	on behalf of the entity named belo	
1. The entity is a:	profit corporation	nong	profit corporation	professional	limited liability company	
. The shary is a	business trust		ed liability company	statutory trust		
	limited partnership		operative association	public benefit corporation		
	non-profit IIc		essional service corporation	other		
2. The name of the er	ntity is Reserve at Hamburg – E					
2. The hame of the er	(The name must be in	lentical to the	name on record with the Sec	retary of State.)		
3. The name of the er	ntity to be used in Kentucky is (if ap	plicable):				
	y under whose law the entity is org	(0	only provide if "real name" is	unavailable for use;	otherwise, leave blank.)	
5. The date of organization is 3/1/24			and the period of duration is			
0 The	and the continue of the contin			(If left blank, durat	tion is considered perpetual.)	
6. The mailing address of the entity's principal office is 5801 Madison Road			Cincinnati	ОН	45227	
Street Address	,u		City	State	Zip Code	
	of the entity's registered office in k	Controlor is	,			
7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512			Frankfort	KY	40601	
Street Address (No P.O. Box Numbers)			City		tate Zip Code	
Commence and the commence of the commence of	egistered agent at that office is C	T Corporatio	n System			
				managara tauatana	or general partners):	
8. The names and bu	siness addresses of the entity's rep	resentatives (s	secretary, officers and directors	, managers, trustees		
John R. Wendt	5801 Madison		Cincinnati	OH	45227	
Name	Street or P.O. E	lox	City	State	Zip Code	
Name	Street or P.O. E	Box	City	State	Zip Code	
Name	Street or P.O. I	Зох	City	State	Zip Code	
and treasurer are licer statement of purposes	nsed in one or more states or territors of the corporation.	ories of the Uni	ted States or District of Columb	ia to render a profess		
	the date of filing this application, the				n or its formation.	
11. If a limited partner	ship, it elects to be a limited liability	limited partne	rship. Check the box if applica	ible:		
12. If a limited liability	company, check box if manager	-managed:				
13. This application w	ill be effective upon filing.					
/s/John R. Wendt			John R. Wendt, Member	3/	27/24	
Signature of Authorized	Representative		Printed Name & Title		Date	
By:	egistered Agent poration System		, consent to serve as the reg	etary 3-27-24		
Signature of Registered	Agent	Printed Na		Title	Date	