

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1371563.06
Michael G. Adams
Secretary of State
Received and Filed
6/13/2024 12:00:00 AM
Fee receipt: \$90

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Secretary of State
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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

TEMPUS LEXINGTON, LLC

3. The state or country under whose law the entity is organized is **Arkansas**.

4. The date of organization is **6/6/2024** and the period of duration is **perpetual**.

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

1 Allied Drive, Suite 1715, Little Rock, AR 72202

6. The name of the initial registered agent is

Capitol Corporate Services, Inc.

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

828 Lake Allen Road, Suite 219, Lexington, KY 40504

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

Manager	Charles Isaac Smith	1 Allied Drive, Suite 1715, Little Rock, AR 72202
Organizer	Charles Isaac Smith	1 Allied Drive, Suite 1715, Little Rock, AR 72202

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

9. This application will be effective on **Thursday, June 13, 2024**.

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 **Manager: Charles Isaac Smith**

I, **Mary Fink, Asst. Secretary on behalf of Capitol Corporate Services, Inc.**, consent to sign for **Capitol Corporate Services, Inc.** who serves as the Registered Agent on behalf of this entity on Thursday, June 13, 2024.