

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1232165.06

dwilliams ADD

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

Received and Filed: 9/19/2022 8:32 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate ((Foreign Busin	of Authority ess Entity)		FBE
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the following	030 the undersigned hereby applies ng statements;	for authority to transact busine	ess in Kentucky on	behalf of the entity named below
The entity is a: profit corporate business trust limited partner non-profit lic.	timited liabil	ity company Etive association It service corporation	professional limit statutory trust other	ed liability company
2. The name of the entity is CV Equity I, LLC (The name must be identical to the name on record with the Secretary of State.)				
3. 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.)				
4. The state or country under whose law			elaware	•
5. The date of organization is	5/18/2022	and the period of duration is _		
6. The mailing address of the entity's prin	icipal office is	(If le	ft blank, duration i	s considered perpetual.)
8916 77th Terrad		Lakewood Ranch	FL	34202
Street Address		City	State	Zip Code
7. The street address of the entity's regis	tered office in Kentucky is			
828 Lane Allen Ro	pad. Suite 219	Lexington	KY	40504
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at that office is COGENCY GLOBAL INC.				
8. The names and business addresses of	the entity's representatives (secretar			neral partners):
Gail Buteau	8916 77th Terrace E #103	Lakewood Ranch	FL	34202
Name	treet or P.O. Box	City	State	Zip Code
Brett Buggeln	8916 77th Terrace E #103	Lakewood Ranch	FL	34202
	treet or P.O. Box	City	State	Zip Code
William T Freeman Name	8916 77th Terrace E #103	Lakewood Ranch	FL	34202
Manua 3	treet or P.O. Box	City	State	Zip Code
9. 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.				
10. I certify that, as of the date of filing this	application, the above-named entity	validly exists under the laws of	the jurisdiction of it	s formation.
11. If a limited partnership, it elects to be a	limited liability limited partnership.	Check the box if applicable:]	
12. If a limited liability company, check b	ox if manager-managed: 🗵			
13. This application will be effective upon f	iling.			
C OB				
Signature of Authorized Representative		Gail Buteau, Secretary Printed Name & Title		09/09/2022
I, COGENCY GLOE Type/Print Name of Registered Agent Signature of Registered Agent	Colton	ent to serve as the registered a		ctory 9/16/200
	Printed Name	Title		Date



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CV EQUITY I, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CV EQUITY I, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

ARYS OF CO.

6806267 8300 SR# 20223546926

Authentication: 204413516

Date: 09-16-22