

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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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: **SEIBERT PROPERTY VENTURES 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 **Tennessee**.
5. The date of organization is **2/14/2018** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

3384 Melissa Ln  
Clarksville, TN 37042

**8. Required Representatives**

Member	Daniel Seibert	3384 Melissa Ln	Clarksville	TN	37042
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**9. Registered Agent/Office**

Daniel Seibert  
1127 Keith Ave  
Oak Grove, KY 42226

I, **Daniel Seibert**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Tuesday, June 13, 2023

As the Authorized Representative, I, **Daniel Seibert**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Owner**