

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1293368.06

mmoore ADD

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

7/10/2023 2:53 PM

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)				Fee Receipt: \$90.00	
Pursuant to the provision and, for that purpose, s			ereby applies	for authority to transact	business in Kentuck	xy on behalf of the entity nan	ned belo
1. The entity is a:	profit corporati	on	nonprofit co	nonprofit corporation professiona		al limited liability company	
	business trust	×	limited liabili	limited liability company statuto		ust	
	limited partner	ship	Itd cooperative association public ben		nefit corporation		
	non-profit IIc		professional	I service corporation	other	other	
2. The name of the ent	tity is_FIVF-III-K	Y2 LLC					
			to the name	on record with the Sec	retary of State.)		
3. The name of the ent			(Only pro		unavailable for use	e; otherwise, leave blank.)	·
4. The state or country							·
5. The date of organiza	tion is $05/03/20$	022	and the period of duration is (If left blank, duration is considered perpetual.)				
6. The mailing address	of the entity's prin	cipal office is			(II fort blank, dan		
111 River Street, Ste. 1010, 10th FL, Attn: Faropoint				Hoboken	NJ	07030	
Street Address				City	State	Zip Code	
7. The street address of	, ,	tered office in Kentucky	/ is			40/01	
306 W. Main Street, Street Address (No P.				Frankfort	KY	40601 State Zip Cod	10
,			rant Carriage	City		State Zip Cod	16
and the name of the re							
8. The names and bus	iness addresses of	f the entity's representa	atives (secreta	ry, officers and directors	, managers, trustees	s or general partners):	
ADIR LEVITAS 111 River Street,			t, Ste 1010 10th FL Hoboken		NJ	07030	
Name Street or P.O. Bo					State	Zip Code	
OHAD PORAT		111 River Street, Ste	e 1010 10th 1		NJ State	07030	
Name	\$	Street or P.O. Box		City	State	Zip Code	
Name		Street or P.O. Box		City	State	Zip Code	
9. If a professional servand treasurer are licenstatement of purposes	sed in one or more	states or territories of	lders, not less the United Sta	than one half (1/2) of th tes or District of Columb	e directors, and all on the directors, and all one directors and all of the directors.	of the officers other than the ssional service described in t	secretary he
10. I certify that, as of t	he date of filing thi	s application, the above	e-named entity	y validly exists under the	laws of the jurisdict	ion of its formation.	
11. If a limited partners	hip, it elects to be	a limited liability limited	partnership.	Check the box if applica	able:		
12. If a limited liability	company, check	box if manager-mana	ged: X				
13. This application wil	be effective upon	filing.					
	adir les	uitas	ADIR	R LEVITAS, MANA	GER	7/2/2023	
Signature of Authorized	Representative 944E	D2848A		Printed Name & Title		Date	
, Vcorp Agent Ser			, cor	nsent to serve as the reg	istered agent on bel	nalf of the business entity.	

Miriam Nachison

Printed Name

Secretary

Title

7/7/2023

Date

By: Min Mills

Signature of Registered Agent



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

DELAWARE, DO HEREBY CERTIFY "FIVF-III-KY2 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 TWENTY-NINTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIVF-III-KY2"
LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2022.

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

TARYS OF CAME

Authentication: 203658265

Date: 06-29-23