

COMMONWEALTH OF KENTUCKY

Michael G. Adams MICHAEL G. ADAMS, SECRETARY OF STATE Kentucky Secretary of State Received and Filed: 7/10/2023 2:56 PM Division of Business Filings Certificate of Authority Fee Receipt: \$90.00 P.O. Box 718 (Foreign Business Entity) Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 14A - 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: profit corporation nonprofit corporation professional limited liability company × business trust limited liability company statutory trust limited partnership Itd cooperative association public benefit corporation non-profit llc professional service corporation other 2. The name of the entity is FIVF-III-KY1 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 the entity is organized is DELAWARE 5. The date of organization is 04-08-2022 and the period of duration is (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 111 River Street, Ste. 1010, 10th FL, Attn: Faropoint Hoboken NJ 07030 Street Address State Zip Code City 7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512 Frankfort 40601 KY Street Address (No P.O. Box Numbers) City State Zip Code and the name of the registered agent at that office is _ Vcorp Agent Services, Inc. 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): ADIR LEVITAS 111 River Street, Ste 1010 10th FL Hoboken NJ 07030 Street or P.O. Box Citv State Zip Code 07030 **OHAD PORAT** 111 River Street, Ste 1010 10th Fl Hoboken NJ State **Zip Code** Street or P.O. Box City Street 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 its 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 box if manager-managed: X

13. This application will be effective upon filing . 1.

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Signature of Authorized Kepfelsentative	ADIR LEVITAS, MANAGER Printed Name & Title			
I, Vcorp Agent Services, Inc.	, consent to serve	as the registered agent on beh	alf of the business entity.	
By: Mir Mati	Miriam Nachison	Secretary	7/7/2023	

Printed Name

Title

Date

Signature	of	Registered	Agent	

1293369.06

mmoore ADD

Name

Name

Name

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIVF-III-KY1 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-KY1 LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2022.

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



Authentication: 203658259 Date: 06-29-23

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