

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
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

DC15 PARK VISTA LLC

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

4. The date of organization is **4/1/2025** and the period of duration is **perpetual**.

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

6542A Lower York Rd. # 126, New Hope, PA 18938

6. The name of the initial registered agent is

Vcorp Agent Services, Inc.

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

306 W Mail Street Suite 512, Frankfort, KY 40601

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

Manager	Matthew Faircloth	6542A Lower York Rd. # 126, New Hope, PA 18938
Organizer	Matthew Faircloth	6542A Lower York Rd. # 126, New Hope, PA 18938

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

9. This filing will be effective on **Thursday, April 17, 2025**.

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: Matthew Faircloth**

I, **Lauren Endicott**, consent to sign for **Vcorp Agent Services, Inc.** who serves as the Registered Agent on behalf of this entity on Thursday, April 17, 2025.