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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE Michael G. Adams Kentucky Secretary of State Received and Filed: 12/19/2022 11:08 AM Fee Receipt: \$40.00

Division of Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Certificate of Limited Partnership (Domestic Business Entity) KNP

Pursuant to the provisions of KRS 14A and KRS 362, the undersigned applicant applies to register a certificate of limited partnership and for that purpose submits the following statement:

A Kentucky limited partnership is formed pursuant to the Kentucky Uniform Limited Partnership Act (2006).

1. The name of the limited partnership is <u>Pleasant Hill Investors LP</u>

2. The mailing address of the principal office of the limited partnership is:									
3374 Shore Parkway, Suite 2C		Brooklyn	NY		11235				
Street Address or Post Office Box Numbers		City	State	State		Zip Code			
3. The street add	tress of the limited partnership's initial regist	ered office in Kentucky	/ is:						
306 W Main Street, Suite 512		Frankfort	KY	KY		40601			
Street Address (No Post Office Box Numbers)		City	State		Zip Code				
4. The name of the initial registered agent at that office is Vcorp Services, LLC									
5. The name and street address of each general partner is:									
Pleasant Hill MHC GP LP	3374 Shore Parkway, Suite 2C	Brooklyn		NY		11235			
Name	Street Address (No Post Office Box Numbers) City		State		Zip Code			
Name	Street Address (No Post Office Box Numbers) City		State		Zip Code			

6. The limited partnership elects to be a limited liability limited partnership. Check the box if applicable:

7. This application will be effective upon filing.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Kalman To	karsky, Authorized Perso	n of GP 12/15/2022	-
Signature of Partner	Printed Na	me	Date	
Signature of Partner	Printed Na	me	Date	
I, Vcorp Services, LLC	, consent to serve as the registered agent on behalf of the limited partnership.			
Print Name of Registered Agent		C C	0	
Mi Maiti		Mimi Sanik		12/15/2022
Signature of Registered Agent		Printed Name		Date