

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1206771.06

kdcoleman ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/6/2022 1:45 PM Fee Receipt: \$90.00

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

Pursuant to the provisions of KRS 14A and, for that purpose, submits the follo		es for authority to transact b	ousiness in Kentucky on	behalf of the entity named belo	
The entity is a: profit corpo	ration nonprofit	nonprofit corporation prof		ed liability company	
business tru				professional limited liability company statutory trust	
limited parti		rative association	other		
non-profit II		nal service corporation			
2. The name of the entity is Level-Up To	owers, LLC	·			
	name must be identical to the nam	ne on record with the Secr	etary of State.)	<del></del>	
3. The name of the entity to be used in	n Kentucky is (if applicable):				
		provide if "real name" is u	navailable for use; oth	erwise, leave blank.)	
4. The state or country under whose la			. Pornotual	·	
5. The date of organization is01/17/20	19	and the period of duratio	n is <u>respetual</u> (If left blank, duration	is considered perpetual.)	
6. The mailing address of the entity's p	orincipal office is		(ii ioii aiaiii, aaraaa	o conciuo cu po potuan,	
3740 Davinci Ct. Ste 100		Peachtree Corners	<u>GA</u>	30092	
Street Address		City	State	Zip Code	
7. The street address of the entity's re	gistered office in Kentucky is	B: 1		40.475	
212 N. 2nd St. STE 100 Street Address (No P.O. Box Numbe	are)	Richmond City	<u>KY</u> State	40475 <b>Zip Code</b>	
•	•	Oity	State	Zip Gode	
and the name of the registered agent a				· · · · ·	
8. The names and business addresse	s of the entity's representatives (secre	etary, officers and directors,	managers, trustees or ge	eneral partners):	
FG Ventures, LLC	3740 Davinci Ct. Ste 100	Peachtree Corners	GA	30092	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation	ore states or territories of the United Son.	states or District of Columbia	a to render a professiona	I service described in the	
10. I certify that, as of the date of filing				its formation.	
11. If a limited partnership, it elects to be	be a limited liability limited partnership	. Check the box if applicat	ole:		
12. If a limited liability company, chec	ck box if manager-managed:				
13. This application will be effective up	on filing.				
Tik Johnston	Frik	S Johnston - Manager FG Ven	tures, LLC 5.5.22		
Signature of Authorized Representative		Printed Name & Title		Date	
Registered Agents Inc	. c	onsent to serve as the regis	stered agent on behalf of	the business entity.	
Type/Print Name of Registered Agent				· · · · · · · · · · · · · · · · · · ·	
Rill Have	Bill Havre	Δο	sistant Secretary	5.5.22	
Signature of Registered Agent	Printed Name		itle		

Control Number: 19008014

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Level-Up Towers, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23159570 Date Inc/Auth/Filed: 01/17/2019 Jurisdiction : Georgia Print Date : 04/29/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State