

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Fee receipt: \$90.00

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

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 business entity is a **limited liability company**.
2. The name of the entity is: **KY23SHEP OWNER LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **8/16/2023** and the period of duration is **perpetual**.  
This Filing is Effective on Friday, February 16, 2024
5. This entity is managed by Managers

**6. Principal Office**

34 E. Putnam Ave., Suite 110  
Greenwich, CT 06830

**7. Required Representatives**

<b>Manager</b>	Joseph Cohen	34 E. Putnam Ave., Suite 110	Greenwich	CT	06830
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**8. Registered Agent/Office**

C T Corporation System  
306 West Main Street, Suite 512  
Frankfort, KY 40601

I, **C T Corporation System**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, February 16, 2024

As the Authorized Representative, I, **Joseph Cohen**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Representative**