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

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: WALKLIGHT SENIOR LIVING LLC
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. It is an entity organized and existing under the laws of the state of South Carolina.
- 5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

45 PLANTATION ROAD MYRTLE BEACH, SC 29588

Registered Agent Name/Address

Erin Smith 1008 Regency Way Elizabethtown, KY 42701

6. James Justice, Member, on 10/8/2024

7. I, Erin Smith, consent to serve as the registered agent on behalf of the this entity on 10/8/2024

1167076 **1167076** Michael G. *J......* KY Secretary of State Received and Filed 10/8/2024 12:00:00 AM Fee receipt: \$1,560.00

RCA