

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1247976.16

tsemones ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/19/2022 11:13 AM Fee Receipt: \$40.00

Date

KNP

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

MMM sos ky goy

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(502) 564-3490 www.sos.ky.gov				
Pursuant to the provisions of KRS 14A an that purpose submits the following statem		ned applicant appli	es to register a certificate	e of limited partnership and for
A Kentucky limited partnership is formed	oursuant to the Kentucky	Uniform Limited Pa	rtnership Act (2006).	
1. The name of the limited partnership is	Pleasant Hill MHC GF	LP		
2. The mailing address of the principal of				
3374 Shore Parkway, Suite 2C	B	rooklyn	NY	11235
street Address or Post Office Box Numbers		у	State	Zip Code
3. The street address of the limited partne	ership's initial registered	office in Kentucky is	3:	
306 W Main Street, Suite 512	Fi	ankfort	KY	40601
Street Address (No Post Office Box Number	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
4. The name of the initial registered agen	t at that office is Vcorp	Services, LLC		
5. The name and street address of each g				
Pleasant Hill MHC JV GP LLC 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
The limited partnership elects to be a IThis application will be effective upon to		tnership. Check th	e box if applicable:	
We declare under penalty of perjury unde		•	oregoing is true and corr Person of GP 12/15/20	
Signature of Partner Printe		me	Date	
Signature of Partner	Printed Na	ne	Date	
, Vcorp Services, LLC	, consent	to serve as the regis	stered agent on behalf of	the limited partnership.
Print Name of Registered Agent	,	_	5	
Min: Martin		Mimi Sanik		12/15/2022

Printed Name

Signature of Registered Agent