

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 entity is a **limited liability company**.

2. The name of the entity is

OLD LOUISVILLE PROPERTY MANAGMENT LLC

3. The state or country under whose law the entity is organized is **Wyoming**.

4. The date of organization is **1/24/2024** and the period of duration is **12/31/9999**.

5. The mailing address of the entity's principal office is

30 N Gould St Site R, Sheridan, WY 82801

6. The name of the initial registered agent is

Old Louisville Property Managment LLC

and the street address of the entity's initial registered office in Kentucky is

1432 St James Ct, Louisville, KY 40208

7. The names and business addresses of the entity's representatives:

Manager	Robyn Jones	30 N Gould St Site R, Sheridan, WY 82801
Organizer	Robyn Jones	30 N Gould St Site R, Sheridan, WY 82801

8. This entity is managed by **Managers**.

9. This filing will be effective on **Thursday, April 10, 2025**.

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

Signature of individual signing on behalf of **Manager: Robyn Jones**

I, **Old Louisville Property Management LLC**, consent to sign for **Old Louisville Property Managment LLC** who serves as the Registered Agent on behalf of this entity on Thursday, April 10, 2025.