COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1213881.06 dwilliams ADD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
6/10/2022 1:18 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 – 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:
- ☐ profit corporation
- ☐ business trust
- ☐ limited partnership
- ☐ non-profit llc
- ☐ nonprofit corporation
- ☒ limited liability company
- ☐ ltd cooperative association
- ☐ professional service corporation
- ☐ professional limited liability company
- ☐ statutory trust
- ☐ other

2. The name of the entity is Cadence of Newport, LLC.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____.
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Ohio.

5. The date of organization is 06/07/2022 and the period of duration is _____.
(If left blank, duration is considered perpetual.)

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

Street Address	City	State	Zip Code
3053 Madison Road	Cincinnati	OH	45209

7. The street address of the entity's registered office in Kentucky is

Street Address (No P.O. Box Numbers)	City	State	Zip Code
306 W. Main Street, Suite 512,	Frankfort	KY	40601

and the name of the registered agent at that office is C T Corporation System.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Josh Slonim	3053 Madison Road	Cincinnati	OH	45209
Bob Gurr	3053 Madison Road	Cincinnati	OH	45209

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing.

Signature of Authorized Representative	Printed Name & Title	Date
/s/Bob Gurr /s/Josh Slonim	Sunset Property Solutions, LLC, Manager By: Bob Gurr, Co-Managing Member By: Josh Slonim, Co-Managing Member	6/9/22

I, C T Corporation System, _____, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Signature of Registered Agent	Printed Name	Title	Date
C T Corporation System,	Bernadette Baker	Asst. Secretary	06/09/2022

(1/20)