

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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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: **OPHIR 528 TBM, S LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Tennessee**.
5. The date of organization is **3/8/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

808 A Delmas Avenue
Nashville, TN 37216

8. Required Representatives

Manager	Shannon Burnett	808 A Delmas Avenue	Nashville	TN	37216
Manager	Jon Crouse	808 A Delmas Avenue	Nashville	TN	37216

9. Registered Agent/Office

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

I, **Theresa Buck, Assistant Secretary**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, March 9, 2023

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