

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/16/2024 9:04 AM 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)

www.sos.ky.gov				
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	– 030 the undersigned hereby applies for ving statements:	or authority to transact l	business in Kentucky on b	ehalf of the entity named below
1. The entity is a: profit corpor	ation nonprefit cor	nonprofit corporation profess		ed liability company
business tru	<u> </u>	limited liability company statutory trust		d liability company
limited partn		e association	public benefit corp	poration
	·			oration
non-profit lld	· ·	service corporation	other	
2. The name of the entity is Plate II KY I	PropCo, L.P.		waters of Otata)	·
(The	name must be identical to the name o	n record with the Sec	retary of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable):	dala if Ilmaal mamaall ia .	unavailable for use; othe	mulas Isaus blank)
4. The state on accomtant and an other college.		vide it real name is i	unavaliable for use; other	rwise, leave blank.)
4. The state or country under whose la				
5. The date of organization is	a	and the period of duration		s considered perpetual.)
6. The mailing address of the entity's p	rincipal office is		(II left blank, duration is	, considered perpetual.,
4100 East Mississippi Avenue, Suite 1200	·	Denver	CO	80246
Street Address		City	State	Zip Code
7. The street address of the entity's rec	uistered office in Kentucky is			
101 North Seventh Street	, ,	Louisville	KY	40202
Street Address (No P.O. Box Number	rs)	City	State	Zip Code
and the name of the registered agent a	t that office is Corporate Creations Network	Inc.		
			managara truataga ar ga	noral northers).
8. The names and business addresses	of the entity's representatives (secretary	, officers and directors,	, managers, trustees or ger	nerai partners):
Matthew Coleman	4100 East Mississippi Avenue, Suite 1200	Denver	CO	80246
Name	Street or P.O. Box	City	State	Zip Code
Yaman Shukairy	4100 East Mississippi Avenue, Suite 1200	Denver	<u>CO</u>	80246
Name	Street or P.O. Box	City	State	Zip Code
Plato II KY I PropCo GenPar, LLC	4100 East Mississippi Avenue, Suite 1200	Denver	CO	80246 7in Code
Name	Street or P.O. Box	City	State	Zip Code
	all the individual shareholders, not less t re states or territories of the United State n.			
10. I certify that, as of the date of filing to	this application, the above-named entity	validly exists under the	laws of the jurisdiction of it	s formation.
11. If a limited partnership, it elects to b	e a limited liability limited partnership. C	Check the box if applica	ble:	
12. If a limited liability company, chec	k box if manager-managed:			
13. This application will be effective upo	on filing.			
Ment of Col	/eu Matthew	Coleman, Vice President		
Signature of Authorized Representative		Printed Name & Title		Date
Corporate Creations Network Inc.	, cons	ent to serve as the regi	stered agent on behalf of tl	he business entity.
Type/Print Name of Registered Agent		-	•	•
Muc	Ariana Turoski	Special S	Secretary	09/13/24
Signature of Registered Agent	Printed Name		Title	Date

FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

NUMBER OF CODIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.