

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
P. O. Box 718
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 entity is a **limited liability company**.

2. The name of the entity is

LIFT OFF PROPERTIES, LLC

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

4. The date of organization is **12/2/2019** and the period of duration is **perpetual**.

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

2880 SW 4th Ave, Ontario, OR 97914

6. The name of the initial registered agent is

Registered Agents Inc

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

212 N. 2nd St. STE 100, Richmond, KY 40475

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

Manager Jonathan Hogander 10091 Streeter Road, Suite 4, Auburn, CA 95602

Organizer Jonathan Hogander 10091 Streeter Road, Suite 4, Auburn, CA 95602

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

9. This filing will be effective on **Friday, August 23, 2024**.

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: Jonathan Hogander**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Friday, August 23, 2024.