

COMMONWEALTH OF KENTUCKY

Certificate of Authority

MICHAEL G. ADAMS, SECRETARY OF STATE

1427890.06

mmoore ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/6/2025 2:49 PM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Bus	siness Entity)		е кесері. 450.00
Pursuant to the provisions of KRS 14 and, for that purpose, submits the following	AA – 030 the undersigned hereby app lowing statements:	lies for authority to transact b	usiness in Kentucky o	n behalf of the entity named below
1. The entity is a: profit corp business limited pa	rtnership Itd coop	fit corporation iability company perative association ional service corporation	professional lin statutory trust other	nited liability company
2. The name of the entity is DHIR - L	he name must be identical to the na	ame on record in the state v	here the entity was f	ormed.)
	(Onl y law the entity is organized is Delawai			; otherwise, leave blank.)
5. The date of organization is $\frac{2/3/20}{1}$	23	and the period of duratio	(If left blank, dura	ation is considered perpetual.)
The mailing address of the entity's principal office is Horton Circle		Arlington	TX	76011
Street Address		City	State	Zip Code
7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512		Frankfort	KY	40601
Street Address (No P.O. Box Num	City	Sta	te Zip Code	
and the name of the registered agen	t at that office is <u>C T Corporation S</u>	System		
8. The names and business address	ses of the entity's representatives (see	cretary, officers and directors,	managers, trustees or	r general partners):
DRH Single-Family Rental, LLC	1341 Horton Circle	Arlington	TX	76011
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
o If	on, all the individual shareholders, not more states or territories of the United ation.	t less than one half (1/2) of th d States or District of Columb	e directors, and all of the directors, and all of the directors and all of the directors and all of the directors.	he officers other than the secretary onal service described in the

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 the box if manager-managed:

13. This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable:

Thomas B. Montaño, Secretary of DRH Single-Family Rental, LLC, its sole member

Printed Name & Title

Date

2/5/2025

I. C T Corporation System

Division of Business Filings

P.O. Box 718

Type/Print Name of Registered Agent C T Corporation System

Terrie Bates

Asst. Secy.

consent to serve as the registered agent on behalf of the business entity.

2/5/2025

Signature of Registered Agent

Printed Name

Title

Date



I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DHIR - LOUISVILLE I, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

SELAWARE SELAWARE

Charuni P. Sanchez, Secretary of State

C. G. Sanchey

Authentication: 202864643

Date: 02-05-25