

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
Received and Filed
1/10/2025 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
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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

BLE PROPERTIES LLC

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

4. The date of organization is **12/17/2024** and the period of duration is **perpetual**.

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

1520 Algonquin Pkwy, Louisville, KY 40210

6. The name of the initial registered agent is

CT Corp

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

306 W Main ST, Frankfort, KY 40601

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

Manager	Kevin Michael Root	6454 Old Lanesville Rd NE, Georgetown, IN 47122
Organizer	Kevin Michael Root	6454 Old Lanesville Rd NE, Georgetown, IN 47122

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

9. This filing will be effective on **Friday, January 10, 2025**.

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: Kevin Root**

I, **Kevin Root**, consent to sign for **CT Corp** who serves as the Registered Agent on behalf of this entity on Friday, January 10, 2025.