

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
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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

THE WATTERSON VIEW APARTMENTS LLC

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

4. The date of organization is **6/7/2024** and the period of duration is **perpetual**.

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

1736 E Main St, New Albany, IN 47150

6. The name of the initial registered agent is

The Watterson View Apartments LLC

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

1500 Ormsby Station Court Ste 110, Louisville, KY 40223

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

Manager	Matthew Toole	1736 E Main St, New Albany, IN 47150
Organizer	Matthew Toole	1736 E Main St, New Albany, IN 47150

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

9. This application will be effective on **Friday, June 7, 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: Matthew Toole**

I, **Matthew Toole**, consent to sign for **The Watterson View Apartments LLC** who serves as the Registered Agent on behalf of this entity on Friday, June 7, 2024.