Commonwealth of Kentucky Michael G. Adams, Secretary of St.

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Michael G. /.......
KY Secretary of State
Received and Filed

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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

RCA

Pursuant to the provisions of KRS 14A9 - 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 business entity is a limited partnership.
- 2. The name of the entity is: NEW FREDERICKSBURG LP
- 3. It is an entity organized and existing under the laws of the state of Indiana.
- 4. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

5278 East 600 South Gas City, IN 46933

Registered Agent Name/Address

New Riverside Square LP 400 Center Avenue Warsaw , KY 41095

- 6. Barbara Thornton, Controller, on 12/13/2024
- 7. I, New Riverside Square LP, consent to serve as the registered agent on behalf of the this entity on 12/13/2024