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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/17/2019 4:45 PM

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COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

	Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Autho (Foreign Business Enti-			FBE	
	Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,	rsuant to the provisions of KRS 14A and KRS 271B, 273, 274,275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentuck behalf of the entity named below and, for that purpose, submits the following statements:				
	The entity is a: profit corporation (KRS 271B) profit corporation (KRS 271B) professional service corporation (KRS 274) professional limited liability company (KRS 275)					
	limited partnership (KRS 362). Lil itd cooperative assn. (KRS) statutory trust cooperative assn. (KRS)					
	2. The name of the entity is GRP Realty, L.L.C. (The name must be identical to the name on record with the Secretary of State.)					
3. The name of the entity to be used in Kentucky is (if applicable):						
	(Only provide if "real name" is unavailable for use; otherwise, leave blank.) 4. The state or country under whose law the entity is organized is Indiana					
5. The date of organization is May 21, 1999 and the period of duration is 49 years						
(If left blank, the period of duration is						
	The mailing address of the entity's pris 3118 S. Preston Highway	ncipal office is	Louisville	KY	40217	
	Street Address	~	City	State	Zip Code	
	7. The street address of the entity's regis	stered office in Kentucky is		ioi	10047	
	3118 S. Preston Highway Street Address (No P.O. Box Numbers)		Louisville City	KY State	40217 Zlp Code	
	and the name of the registered agent at t	het office is William R. Ruez	, oly	5,000	E.p oods	
8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):						
		3118 S. Preston Highway	Louisville	KY	40217	
	Name	Street or P.O. Box	Člty	State	Zip Code	
		1007 W Brown Street	Seymour	IN IN	47274	
	Name	Street or P.O. Box	City	State	ZIp Code	
	Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are illeased in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.						
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 box if manager-managed:						
13. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is						
Please Indicate the Kentucky county in which your business operates:						
County: Hardin and Davies						
		To complete the following, please shade the box completely.				
	Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees) Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: Women-Owned Veteran Owned Minority Owned					
Please indicate which of the following best describes your business:						
	☐ Agriculture ☐ Mining		Construction	~~~		
}	Wholesale Trade Manufacturing Finance, Insurance, Real Estate Public Administration Transportation, Communications, Electric, Gas, Sanitary Services					
Other						
Manager WILLIAM R RUCZ PROSTERT 9/15/19						
Signature of Authorized Representative Printed Name & Title Date William R Ruez consent to serve as the registered agent on behalf of the busines:					*Date	
1	Type/Print Name of Registered Agent	0 3	•		or the business entity.	
-	William 11	William R Rue	ez	RES IDENT	7/16/19	
	Signature of Registered Agent Printed Name Title Oate (05/17)					
1	VOLIT)					