

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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

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 business entity is a **limited liability company**.
2. The name of the entity is: **STRAQR GP IV LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Missouri**.
5. The date of organization is **3/2/2018** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

9645 Clayton Rd.
Suite 200
Saint Louis, MO 63124

8. Required Representatives

Member	Kurt Hunter	9645 Clayton Rd., St. Louis Suite 200	MO	63124
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9. Registered Agent/Office

Germantown Village Apartments LLC
630 E Kentucky St Apt 2
Louisville, KY 40203

I, **Kurt Hunter**, consent to sign for **Germantown Village Apartments LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, April 10, 2023

As the Authorized Representative, I, **Kurt Hunter**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**