



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1322599.16**

mmoore  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 11/21/2023 2:17 PM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
 (Foreign Business Entity)

**FBE**

Pursuant to the provisions of KRS 14A – 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:
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> profit corporation             | <input type="checkbox"/> nonprofit corporation            | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust                 | <input type="checkbox"/> limited liability company        | <input type="checkbox"/> statutory trust                        |
| <input checked="" type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association      | <input type="checkbox"/> public benefit corporation             |
| <input type="checkbox"/> non-profit llc                 | <input type="checkbox"/> professional service corporation | <input type="checkbox"/> other                                  |

2. The name of the entity is Grandview Equine II, LP

(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 Delaware

5. The date of organization is June 5, 2023 and the period of duration is \_\_\_\_\_  
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
2705 Tates Creek Road

Lexington

KY

40502

**Street Address**

**City**

**State**

**Zip Code**

7. The street address of the entity's registered office in Kentucky is  
2705 Tates Creek Road

Lexington

KY

40502

**Street Address (No P.O. Box Numbers)**

**City**

**State**

**Zip Code**

and the name of the registered agent at that office is Robert Clay

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Halifax Management, LLC

2705 Tates Creek Road

Lexington

KY

40502

**Name**

**Street or P.O. Box**

**City**

**State**

**Zip Code**

**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 licensed 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.

Robert Clay  
**Signature of Authorized Representative**

Robert Clay, Member of General Partner

**Printed Name & Title**

11-21-23  
**Date**

I, Robert Clay

, consent to serve as the registered agent on behalf of the business entity.

**Type/Print Name of Registered Agent**

Robert Clay  
**Signature of Registered Agent**

Robert Clay  
**Printed Name**

GENERAL PARTNER  
**Title**

11-21-23  
**Date**