

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

1210856.06

Michael G. Adams

dwilliams ADD

Kentucky Secretary of State Received and Filed: 5/25/2022 11:23 AM Fee Receipt: \$90.00

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ficate of Authority on Business Entity)		есері. 490.00
Pursuant to the provisions of KRS 14 and, for that purpose, submits the following the second		by applies for authority to transact b	usiness in Kentucky on	behalf of the entity named belo
1. The entity is a: profit corp business limited pa non-profit	oration m trust X li rtnership lt llc p	onprofit corporation mited liability company d cooperative association rofessional service corporation	professional limit statutory trust other	ted liability company
2. The name of the entity is <u>Monon</u>		, LLC the name on record with the Secr	etary of State.)	<u>-</u>
<ol> <li>The name of the entity to be used</li> <li>The state or country under whose</li> </ol>	in Kentucky is (if applicable): law the entity is organized is_ <u>I</u>	(Only provide if "real name" is u Delaware	navailable for use; oth	erwise, leave blank.)
5. The date of organization is <u>May</u>	24 , 2022	and the period of duration		is considered perpetual.)
5. The mailing address of the entity's 295 Seven Farms Dr., Suite 204	s principal office is	Charleston	SC	29492
Street Address		City	State	Zip Code
. The street address of the entity's 1306 W. Main Street, Suite 512,	registered office in Kentucky is	Frankfort	KY	40601
Street Address (No P.O. Box Numb	oers)	City	State	Zip Code
Great Elm Capital Management,	Street or P.O. Box	City	State	Zip Code
	Street or P.O. Box	City	State	Zip Code
lame	Street or P.O. Box Street or P.O. Box	City	State State	Zip Code Zip Code
Name Name 9. If a professional service corporatio and treasurer are licensed in one or r statement of purposes of the corpora 10. I certify that, as of the date of filin	Street or P.O. Box n, all the individual shareholder nore states or territories of the tion. g this application, the above-na	<b>City</b> rs, not less than one half (1/2) of the United States or District of Columbia umed entity validly exists under the la	State directors, and all of the to render a professiona aws of the jurisdiction of	Zip Code officers other than the secreta al service described in the
<b>Jame</b> <b>Jame</b> 1. If a professional service corporatio and treasurer are licensed in one or r tatement of purposes of the corpora 0. I certify that, as of the date of filin 1. If a limited partnership, it elects to	Street or P.O. Box n, all the individual shareholder nore states or territories of the tion. g this application, the above-na	<b>City</b> rs, not less than one half (1/2) of the United States or District of Columbia umed entity validly exists under the la tnership. Check the box if applicab	State directors, and all of the to render a professiona aws of the jurisdiction of	Zip Code officers other than the secreta al service described in the
lame lame . If a professional service corporatio nd treasurer are licensed in one or r tatement of purposes of the corpora 0. I certify that, as of the date of filin 1. If a limited partnership, it elects to 2. If a limited liability company, ch	Street or P.O. Box n, all the individual shareholder nore states or territories of the tion. g this application, the above-na b be a limited liability limited par eck box if manager-managed	<b>City</b> rs, not less than one half (1/2) of the United States or District of Columbia umed entity validly exists under the la tnership. Check the box if applicab	State directors, and all of the to render a professiona aws of the jurisdiction of	Zip Code officers other than the secreta al service described in the
lame lame . If a professional service corporatio nd treasurer are licensed in one or r tatement of purposes of the corpora 0. I certify that, as of the date of filin 1. If a limited partnership, it elects to 2. If a limited liability company, ch	Street or P.O. Box n, all the individual shareholder nore states or territories of the tion. g this application, the above-na b be a limited liability limited par eck box if manager-managed pon filing.	<b>City</b> rs, not less than one half (1/2) of the United States or District of Columbia umed entity validly exists under the la tnership. Check the box if applicab	State directors, and all of the to render a professiona aws of the jurisdiction of le:	Zip Code officers other than the secreta al service described in the
Jame Jame J. If a professional service corporatio and treasurer are licensed in one or r tatement of purposes of the corpora 0. I certify that, as of the date of filin 1. If a limited partnership, it elects to 2. If a limited liability company, ch 3. This application will be effective u	Street or P.O. Box n, all the individual shareholder nore states or territories of the tion. g this application, the above-na b be a limited liability limited par eck box if manager-managed upon filing.	City city city city cited States or District of Columbia amed entity validly exists under the la thership. Check the box if applicab cited construction construction construction cited	State directors, and all of the to render a professiona aws of the jurisdiction of le:	Zip Code officers other than the secreta al service described in the its formation. 23 /2022 Date
National Registered Agents, Ir	Street or P.O. Box n, all the individual shareholder nore states or territories of the tion. g this application, the above-na b be a limited liability limited par eck box if manager-managed upon filing.	City         cs, not less than one half (1/2) of the United States or District of Columbia         umed entity validly exists under the lattership. Check the box if applicab         thership. Check the box if applicab         : X         Adam Kleinman, Chief Operati         Great Elm Capital Managemen         Printed Name & Title        , consent to serve as the regis	State directors, and all of the to render a professiona aws of the jurisdiction of le:	Zip Code officers other than the secreta al service described in the its formation. 23 /2022 Date

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONOMOY PROPERTIES PADUCAH KY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONOMOY PROPERTIES PADUCAH KY, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203509536 Date: 05-24-22

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SR# 20222272374 You may verify this certificate online at corp.delaware.gov/authver.shtml