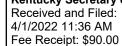
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Michael G. Adams Kentucky Secretary of State Received and Filed:





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 Authority Foreign Business Entity)		FBE
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and			ereby applies for autho	rity to transact business in Kentuck
business trust (KRS 386).		fit corporation (KRS 273) professional service corporation (KRS 274) iability company (KRS 275) professional limited liability company (KRS 275)		
non-profit lic	manuficular over	rative assn. (KRS) ve assn. (KRS)	statutory trus	1
2. The name of the entity is Stanley	Aspen Meadows LLC		tate.)	
3. The name of the entity to be used in				
4. The state or country under whose lay	And the latest the second seco	rovide if "real name" is unav	vailable for use; otherwi	se, leave blank.)
5. The date of organization is 3-28-22	and driving to digurate de la 111	and the period of durati		
2 20 000 000 000	COSMO DE LA		(If left blank, the perio	d of duration is considered perpetual
The mailing address of the entity's pr 1760 Memorial Drive	rincipal office is	Clarksville	TN	37043
Street Address		City	State	Zip Code
7. The street address of the entity's reg	istered office in Kentucky is			
400 W. Market Street, 32nd Floor		Louisville	KY	40202
Street Address (No P.O. Box Numbers)	ERTILO	City	State	Zip Code
and the name of the registered agent at		A1 - MAIN NO -00-21 170-20	The Address of the San Land	-
The names and business addresses	of the entity's representatives (secre	etary, officers and directors	, managers, trustees	or general partners):
Ben Stanley 1760 Memorial Drive		Clarksville	TN	37043
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 incomore states or territories of the United States or I				
10. I certify that, as of the date of filing t			The state of the s	
11. If a limited partnership, it elects to b				
 If a limited liability company, check This application will be effective upon the effective date or the delayed effective. 	in filing, unless a delayed effective d			
Please indicate the Kentucky county in w County: Christian	hich your business operates:			
	To complete the following	g, please shade the box comp	oletely.	
Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees)	Please Indicate whether Women-Owned	The state of the s	p more than fifty percer inority Owned	at (50%) of your business ownership:
Please Indicate which of the following be	est describes your business:			
Agriculture Minir Wholesale Trade Retai Public Administration Trans	Mary and the second sec	Construction Finance, Insura as, Sanitary Services	nce, Real Estate	
	Ben in NR Stanley So	le Member and Manage	er 3/	30/22
Signature of Authorized Representative		Printed Name & Title		Date
Type/Print Name of Registered Agent		consent to serve as the reg	istered agent on beha	If of the business entity.
Sill Fattche	FBT LLC	J	ill Battcher, Manage	r for FBT LLC 3/30/22
Signature of Registered Agent	Printed Name		Title	Date