

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

**Certificate of Authority** 

(Foreign Business Entity)

1211384.06

dwilliams ADD

Michael G. Adams **Kentucky Secretary of State** 

Received and Filed: 5/27/2022 11:33 AM Fee Receipt: \$90.00

(502) 564-3490 www.sos.ky.gov						
Pursuant to the provisions of KRS and, for that purpose, submits the	14A – 030 the undersigned hereby following statements:	applies for authority to transact b	usiness in Kentucky	on behalf of the entity named	belov	
business trust    limited liak   limited partnership   ltd cooper.   non-profit ltc   profession		nprofit corporation ted liability company cooperative association fessional service corporation	professional statutory trus other	imited liability company t		
2. The name of the entity is MDV F	ortune Drive Richmond KY, LLC The name must be identical to th	a name on record with the See	otami of State \		<u></u> .	
		e name on record with the Sect	etary or State.,			
3. The name of the entity to be use		Only provide if "real name" is u	navailable for use;	otherwise, leave blank.)	<u></u>	
	se law the entity is organized is <u>Calif</u>	ornia			,	
5. The date of organization is 4/14/22		and the period of duration	and the period of duration is			
6. The mailing address of the entit	y's principal office is			on is considered perpetual.)		
PO BOX 7369		Newport Beach	CA	92658	<u>_</u> .	
Street Address		City	State	Zip Code		
<ol> <li>The street address of the entity's</li> <li>306 W, Main Street Suite 512</li> </ol>	s registered office in Kentucky is	Frankfort	:'KY	40601		
Street Address (No P.O. Box Nui	nbers)	City	St	ate Zip Code	_	
and the name of the registered age	ent at that office is Corp2000, Inc.					
8. The names and business addre	sses of the entity's representatives	(secretary, officers and directors,	managers, trustees o	or general partners):		
Modiv Operating Partnership, LP	PO Box 7369	Newport Beach	CA	92658		
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		
	tion, all the individual shareholders, r more states or territories of the Un ration.				ary	
10. I certify that, as of the date of fi	ling this application, the above-name	ed entity validly exists under the la	aws of the jurisdiction	of its formation.		
11. If a limited partnership, it elects	to be a limited liability limited partner	ershìp. Check the box if applicab	le:			
12. If a limited liability company, o	check box if manager-managed:					
13. This application will be effective	upon filing.					

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

Cecilia Griffith Asset Manager

Printed Name & Title

05/26/22

Date

Signature of Authorized Representative

Division of Business Filings

P.O. Box 718 Frankfort, KY 40602



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: MDV Fortune Drive Richmond KY, LLC

**Entity No.:** 202250214371 **Registration Date:** 04/14/2022

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of May 26, 2022.

SHIRLEY N. WEBER, PH.D.

**Secretary of State** 

Certificate No.: 015812524

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.