

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1315236.06

mmoore ADD

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

10/16/2023 3:05 PM Fee Receipt: \$90.00

Division of Business Filings P.O. 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 and, for that purpose, submits the follow	. – 030 the undersign wing statements:	ed hereby applies for authority	to transact business	s in Kentucky on be	half of the entity named below
1. The entity is a: profit corpor business trulimited partrular non-profit licenses.	est nership	nonprofit corporation limited liability company ltd cooperative associati professional service corp	on Operation	professional limited statutory trust public benefit corpo other	
2. The name of the entity is J.P. MOI	name must be ider	WEALTH ADVISORS LL tical to the name on record w	Cvith the Secretary o	f State)	
The name of the entity to be used in		cable):	-	•	
4. The state or country under whose la	w the entity is organi	(Only provide if "reazed is Delaware	I name" is unavaila	ible for use; other	wise, leave blank.)
5. The date of organization is _09/15/2			od of duration is	·	
6. The mailing address of the entity's p		•		blank, duration is	considered perpetual.)
111 Pine Street	inicipal office is	San Fran	cisco	CA	94111
Street Address		City		State	Zip Code
7. The street address of the entity's reg 306 W. Main Street, Suite 512	gistered office in Ken	tucky is Frankfort		406	01
Street Address (No P.O. Box Numbe	rs)	Frankton	City	KY 406	Zip Code
and the name of the registered agent a	•	Corporation System		00	p
8. The names and business addresses			nd directors, manag		eral partners): Attached
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, and treasurer are licensed in one or mostatement of purposes of the corporation.10. I certify that, as of the date of filing	ore states or territorie on.	s of the United States or Distric	t of Columbia to ren	der a professional s	ervice described in the
11. If a limited partnership, it elects to b	pe a limited liability lir	nited partnership. Check the b	ox if applicable:		
12. If a limited liability company, chec	k box if manager-m	anaged: 🗵			
13. This application will be effective up	on filing.				
Michele Lamagna	-	Attorney in Fact	/Authorized Perso	n 10/13/2	3
Signature of Authorized Representative			ime & Title	10/15/2	Date
I, C T Corporation System Type/Print Name of Registered Agent		, consent to serve as the registered agent on behalf of the business entity.			
	Soan Chrisman				377
By:	Day Colineur O_	SEAN L. EMERICK Printed Name		ANT SECRETAL	
Signature of Registered Agent		rinted Name	Title		Date

Attachment for Manager's and Member's: J.P. MORGAN PRIVATE WEALTH ADVISORS LLC

Name	Title		
First Republic Investment Management, Inc.	Member		
Amy H. Hong	Manager		
Andrew C. Burge	Manager		
Christopher James Wolfe	Manager		
David C. Tateosian	Manager		
Nicolas R. Gentin	Manager		
Theodore F. Dimig	Manager		
´ Glenn Hill	Manager		