

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 business entity is a **limited liability company**.
2. The name of the entity is: **PRESTON GIULIANO CAPITAL PARTNERS LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **12/20/2011** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

c/o Henry Lebaron Preston  
6830 Porto Fino Circle  
Suite 2  
Fort Myers, FL 33912

**8. Required Representatives**

<b>Manager</b>	Henry Lebaron Preston	6830 Porto Fino Circle, Suite 2	Fort Myers	FL	33912
<b>Manager</b>	Michael Giuliano	22 Inman Street	Cambridge	MA	02139

**9. Registered Agent/Office**

Registered Agent Solutions, Inc.  
828 Lane Allen Road  
Suite 219  
Lexington, KY 40504

I, **Jeff Speredelozzi, Assistant Secretary**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, August 15, 2023

As the Authorized Representative, I, **Michael Giuliano**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**