

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
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<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 **profit corporation**.
2. The name of the entity is: **ALPHA FINANCIAL MARKETS CONSULTING, INC.**
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 **New York**.
5. The date of organization is **5/6/2009** and the period of duration is **perpetual**.

7. Principal Office

12 E. 49th Street, 11th Floor
New York, NY 10017

8. Required Representatives

Officer	Joseph K. Morant	12 E. 49th Street, New York 11th Floor	NY	10017
Director	John Paton	12 E. 49th Street, New York 11th Floor	NY	10017

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **John Long**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, August 16, 2023

As the Authorized Representative, I, **John Paton**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Chief Financial Officer / Director**