

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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: **CHENOWETH MM LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **7/6/2023** and the period of duration is **perpetual**.
This Filing is Effective on Tuesday, March 12, 2024
5. This entity is managed by Managers

6. Principal Office

250 West 55th Street
35th Floor
New York, NY 10019

7. Required Representatives

| | | | | | |
|----------------|--------------|----------------------------------|----------|----|-------|
| Manager | Seth Hoffman | 250 West 55th Street, 35th Fl | New York | NY | 10019 |
|----------------|--------------|----------------------------------|----------|----|-------|

8. Registered Agent/Office

Incorporating Services, Ltd.
828 Lane Allen Road, Suite 219
Lexington, KY 40504

I, **Rene Kent**, consent to sign for **Incorporating Services, Ltd.** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, March 12, 2024

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