

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

9/28/2023 10:33:07 AM

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: **ASSET MANAGEMENT HOLDINGS II, 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 **1/1/2015** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

8350 Bee Ridge Road, Suite 308  
Sarasota, FL 34241

**8. Required Representatives**

<b>Member</b>	Thierry Cassagnol	8350 Bee Ridge Road, Suite 308	Sarasota	FL	34241
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**9. Registered Agent/Office**

Cogency Global  
828 Lane Allen Road, Suite 219  
Lexington, KY 40504

I, **Kathryn Christener**, consent to sign for **Cogency Global** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, September 28, 2023

As the Authorized Representative, I, **Thierry Cassagnol**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Managing Member**