

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902
1445895.06
Michael G. Adams
Secretary of State
Received and Filed
4/10/2025 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

BH CLIENT ASSET MANAGEMENT KY, LLC

3. The state or country under whose law the entity is organized is **Indiana**.

4. The date of organization is **4/10/2025** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

8902 North Meridian Street Suite 205, Indianapolis, IN 46260

6. The name of the initial registered agent is

Corporation Service Company

and the street address of the entity's initial registered office in Kentucky is

421 West Main Street, Frankfort, KY 40601

7. The names and business addresses of the entity's representatives:

Manager	Andrew J. Held	8902 N. Meridian St., Ste 205, Indianapolis, IN 46260
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Organizer	Andrew J. Held	8902 N. Meridian St., Ste 205, Indianapolis, IN 46260
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Thursday, April 10, 2025**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Manager: Andrew J. Held**

I, **Corporation Service Company**, consent to sign for **Corporation Service Company** who serves as the Registered

Agent on behalf of this entity on Thursday, April 10, 2025

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