

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/1/2023 1:21 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)	FBE

www.sos.ky.gov				
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		for authority to transact	business in Kentucky on be	half of the entity named below
1. The entity is a: profit corpor	ration nonprofit co	ornoration	professional limited	liability company
business tru		lity company	statutory trust	
limited partr	1.000 E.000 E.	tive association	public benefit corpo	oration
		Il service corporation	other	nation
non-profit lld		ii service corporation	otner otner	
2. The name of the entity is Alliance Gro	name must be identical to the name	on record with the See	rotany of State \	•
			retary of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable): Alliance Grou	ovido if "roal namo" is	unavailable for use; other	wise leave blank )
4. The state or country under whose le		Ovide ii Teal flaffle 15	unavanable for use, other	wise, leave blank.)
4. The state or country under whose la		and the period of duration	on is	
5. The date of organization is 05/23/201		and the period of duration	(If left blank, duration is	considered perpetual.)
6. The mailing address of the entity's p	rincipal office is		(1.11.1.11.11.11.11.11.11.11.11.11.11.11	,
9130 South Dadeland Blvd., Suite 1801	· ·	Miami	FL	33156
Street Address		City	State	Zip Code
7. The street address of the entity's re-	gistered office in Kentucky is			
828 Lane Allen Road, Suite 219	,	Lexington	KY	40504
Street Address (No P.O. Box Number	rs)	City	State	Zip Code
and the name of the registered agent a	t that office is Registered Agent Solutions	, Inc.		
The names and business addresses     Jared Azcuy	s of the entity's representatives (secreta 9130 South Dadeland Blvd., Suite 1801	ary, officers and directors  Miami	, managers, trustees or gen	eral partners): 33156
Name	Street or P.O. Box	City	State	Zip Code
Angelo Gencarelli	9130 South Dadeland Blvd., Suite 1801	Miami	<u>FL</u>	33156
Name	Street or P.O. Box	City	State	Zip Code
Gerald Finn	9130 South Dadeland Blvd., Suite 1801	Miami	FL	33156
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation				
10. I certify that, as of the date of filing			_	formation.
11. If a limited partnership, it elects to b		check the box if applica	ible: [	
12. If a limited liability company, chec				
13. This apprication will be effective up	ontling			
Section 1	Angelo	Gencarelli, CFO	5/1/2023	
Signature of Authorized Representative		Printed Name & Title		Date
Registered Agent Solutions, Inc.	, cor	nsent to serve as the regi	stered agent on behalf of th	e business entity.
Type/Print Name of Registered Agent	Adam Salda	ana		
		A A	sst. Secretary	5/1/2023
Signature of Registered Agent.	Printed Name		Title	Date