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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL MAIL
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(O	ocument Number)	
Copies	Certificates o	of Status
Hinstructions to Fil	ing Officer:	

Office Use Only



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2023 " - PH 2

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500	
ACCOUNT NO. : 12000000195	
REFERENCE: 717604 4362065	
AUTHORIZATION: CHILDREN	
COST LIMIT : \$ 125.00	
ORDER DATE : May 3, 2023	
ORDER TIME : 10:02 AM	
ORDER NO. : 717604-015	
CUSTOMER NO: 4362065	
	- -
DOMESTIC FILING	
NAME: HEDGEBASE.AI PIKEVILLE KY LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	2022 H.X3
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	AM 11: 19
CONTACT PERSON: Alexxis Weiland-sorenson - EXT.	Co

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJEC		ai Pikeville KY LLC			
SUBJEC	- I - <u></u>	Name of Li	mited Liabil	ity Company	
The encl	osed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please re	turn all correspond	ondence concerning this m	atter to the	following:	
	Brian A. Fla	nk			
			Name of	Person	
	Neuberger,	Quinn, Gielen, Rubin & G	ibber, P.A.		
			Firm/Co	mpany	
	One South S	Street, 27th Floor			
			Addr	ess	
	Baltimore, N	daryland 21202			
	BAF@NQGF		City/State an	d Zip Code	
		E-mail address: (to be used	l for future a	unnual report notificat	ion)
For further	r information co	ncerning this matter, pleas	e call:		
	Benjamin R.	Marks 7	03	798-6650	
	Nam		rea Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
The name of the Similer Simonity Company is:	
Hedgebase.ai Pikeville KY LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
252 Shore Court	252 Shore Court
Lauderdale-By-The-Sea, FL 33308	Lauderdale-By-The-Sea, FL 33308
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrati	m Registered Agent. You must designate an individual or
The name and the Florida street address of the registere	ed agent are:
Benjamin R. Marks	
	Name
252 Shore Court	
Florida etrant addra	acc (P.O. Poy NOT accentable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Lauderdale-By-The-Sea

City

FL

State

stered Agent's Signature (REQUIRED)

33308

Zip

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Bejamin R. Marks	
Mok	252 Shore Court	-
	Lauderdale-By-The-Sea, FL 33308	_
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(Use attachment if necessary)		
(ose attachment if necessary)		
e document's effective date on the Department	neet the applicable statutory filing requirements, this date will not of State's records.	i de iistec
RTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:	AMED	
V	972 AC 1140 V	
Signature of a me	mer or an authorized representative of a member.	
I his document is execut	ted in accordance with section 605.0203 (1) (b), Florida Statutes.	
I am aware that any false	information submitted in a document to the Department of State	
constitutes a third degree		
	e felony as provided for in s.817.155, F.S.	
Benjamin R. Mar	ks	
Benjamin R. Mar		
Benjamin R. Mar	ks Typed or printed name of signee	
	ks Typed or printed name of signee Filing Fees:	
	ks Typed or printed name of signee	20
	ks Typed or printed name of signee Filing Fees:	2023
\$125.00 Filing Fee for Articles of Org	ks Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	2023 H