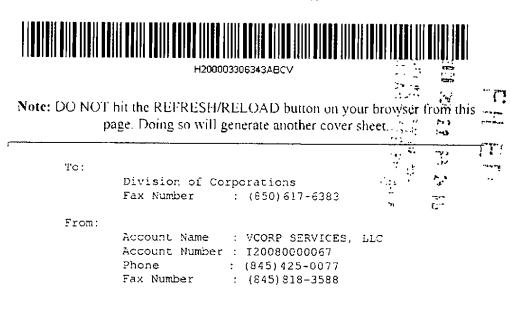


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000330634 3)))



**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Ascent Funds Management LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	S125.00

Electronic Filing Menu Corporate Filing Menu

CCC s Helps

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS E IN KLORIDA

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT B	CTION 605.0902, FLORIDA STATUTES, THE P. U <mark>SI</mark> NESS IN THE STATE OF FLORIDA:	ICEN OF CENTRALES & DAIWOLLIC	ISTER A FOREIGN, LIMITED LIABILITY
Ascent Funds Manage	ment LLC		
ngeror to onese.)	Fimited Liability Company, must include "Limite	d Liability Company," "L.L.C.," or "ELC)
	name adopted for the purpose of transacting business in Flor	ada. The alternate name must include "Limited I	Liability Company," "L.L.C." or "LLC.")
2. Delaware (Jurisdiction under the law of w	thich foreign limited liability company is organized)	3(FEI no	imber, if applicable)
a 6/11/20		·	,
4.	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration) ne ponaky liability)	
5. 3131 NE 7FH AVE, S (Street Address of		6. 3131 NE 7TH AVE, SUI	TTE 1601
(Street Address of MIAMI FL 33137	Principul Office)	(Mading A MIAMI FL 33137	ofdross)
7. Nov 1 . 4		NOT	
	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Veorp Services, LLC		And the second
Office Address:	5011 South State Road 7, Suite 106 Davie	22214	The second secon
	(Cúy)	, Florida 33314 (Zipe	ode)
	ions of all statutes relative to the proper x of my position as registered agent. Registered agent's	ni mate	
8. The name, title or capa	icity and address of the person(s) who has	s/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Mark Gordon, Manag	3131 NE 7TH AVE SUTTE 1601 MIAMI FL 33137	-	
		•	
		-	
(Use attachments if necess	sary)	•	
). Attached is a certificate	of existence, no more than 90 days old, do of which it is organized. (If the certificate		
	the Department of State constitutes a thin		
	Signature o	of an authorized person	
	Mark Cordon		

Typed or printed name of same

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASCENT FUNDS MANAGEMENT LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASCENT FUNDS MANAGEMENT LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203709387

Date: 09-22-20