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(R	equestor's Name)			
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	WAIT MAIL			
(В	usiness Entity Name)			
(D	ocument Number)			
Certified Copies	Certificates of Status			
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COVER LETTER

TO: Registration Section Division of Corporations

AlTi Global Holdings, LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jamie Grossman Name of Person AITi Global Holdings, LLC Firm/Company 520 Madison Avenue, 26th Floor Address New York, NY 10022 City/State and Zip Code jamie.grossman@alti-global.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 396-5915 __) ____ Jamie Grossman 212 at (____ Name of Contact Person Area Code Davtime Telephone Number Street Address: Mailing Address: **Registration Section Registration Section Division** of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & ■ \$160.00 F Certificate of Status Certified Copy of Stat

\$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS. IN FLORIDA

IN COMPLANCE WITH SECTION (05,0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREKEN-LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	LLC Limited Liability Company, must include "Limited	Liability	Company," "L.L.C.," or "LLC.")	<u>.</u>
fname unavailable, enter alternate i	ame adopted for the purpose of transacting business in Flu	orida Th e a	Itemate name must include "Inmited Liability Compar	19," " L.L.C. " or "LEC.")
Delaware, United States	hich foreign limited liability company is organized)	3.	(FEI number, if applicable	;)
	(Date first transacted business in Florida, if prior to r (See sections 605 0901 & 605,0905, F.S. to determin	egistration. ic penalty li) ability }	
520 Madison Avenue,	26th Floor		520 Madison Avenue, 26th Floor	
treet Address of Principal Office)		6	(Mailing Address)	
New York, NY 10022		1	New York, NY 10022	
Name and street address	s of Florida registered agent: (P.O. Box	- NOT a	ventable)	
Name and <u>street addres</u>	Corporation Service Company		(ceptable)	24 HAY
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			PH
	Tallahassee		32301 Florida	ېد 55
(City)			(Zip code)	

Registered agent's acceptance:

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 application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tasha Cooper Assistant Secretary (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
□Manager	Name: Michael Tiedemann	□Manager	Name: <u>Kevin Moran</u>	
□Member	Address: 520 Madison Avenue, 26th Fl	□Member	Address: 520 Madison Avenue, 26th Fl	
Authorized	New York, NY 10022	Authorized	New York, NY 10022	
Person		Person		
□Other	Other	Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address: 520 Madison Avenue, 26th Fl	□Member	Address:	
Authorized	New York, NY 10022	Authorized	New York, NY 10022	
Person		Person		
Other	Other	Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
[]Other	Other	[]Other	Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed 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 felony as provided for in s.817.155, F.S.

Signature of an authorized person Kenn Moren Kevin Moran



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTI GLOBAL HOLDINGS, 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 SEVENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTI GLOBAL HOLDINGS, LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2021.

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



Jeffrey W. Butlock, Secretary of State

Authentication: 203411141 Date: 05-07-24

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SR# 20241913190 You may verify this certificate online at corp.delaware.gov/authver.shtml