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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	09/06/2024	
Name:	Patrice Rush	_
Reference #	2492156	_
		STMENT HOLDINGS II LLC
✓ Article	es of Incorporation/Authorization	to Transact Business
☐ Amer	dment	
☐ Chan	ge of Agent	
☐ Reins	tatement	
Conv	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictiti	ous Name	
Other		
Authorized A	mount:\$125.00	
Signature: _	Pull	

F: 800.944.6607

F: +852.2682.9790

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEX, THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN TAMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Kennedy Lewis Investment Holdings II LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) **Upon Filing** (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 225 Liberty Street 225 Liberty Street (Street Address of Principal Office) (Mailing Address) **Suite 4210** Suite 4210 New York, NY 10281 New York, NY 10281 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CORPORATION SERVICE COMPANY Name: 1201 Hays Street Office Address: Tallahassee , Florida (City) 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.

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: Doug Logigian Darren Richman Name: Manager Name: Address: 225 Liberty Street
Suite 4210 225 Liberty Street Member Member Address: Suite 4210 Authorized Authorized New York, NY 10281 New York, NY 10281 Person Person Other____ _Other __ |Other__ Other__ Anthony Pasqua David Chene Manager Manager Name: Name: 225 Liberty Street 225 Liberty Street X Member $[\overline{X}]$ Member Address: _ Address: _ Suite 4210 Suite 4210 Authorized Authorized New York, NY 10281 New York, NY 10281 Person Person Other____ Other_ Other Darren Richman Manager Name: _ Manager 225 Liberty Street Address: _____ _ [X]Member Address: Member Suite 4210 Authorized Authorized New York, NY 10281 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. Nonindexed 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 Anthony Pasqua, Authorized Person

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KENNEDY LEWIS INVESTMENT HOLDINGS II

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 FIFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KENNEDY LEWIS INVESTMENT HOLDINGS II LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2020.

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

Authentication: 204322957

Date: 09-05-24

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SR# 20243612850