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(City/State/Zip/Phone #)

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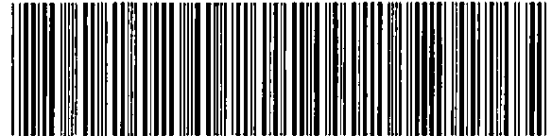
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRYPHON ASSET ADVISORS, LLC D/B/A GRYPHON USA
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:

RICHARD F. KRUSE
Name of Person

GRYPHON USA
Firm/Company

1739 LONGVIEW LANE
Address

TARPON SPRINGS, FL 34689
City/State and Zip Code

RFK@GRYPHONUSA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD KRUSE at (614) 774-4118
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GRYPHON ASSET ADVISORS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

GRYPHON USA, 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.")

2. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-1301032
(FEI number, if applicable)

4. NA
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 117 LAKE BLUFF DR
(Street Address of Principal Office)

6. 1739 LONGVIEW LN
(Mailing Address)

COLUMBUS OH 43235 TARPON SPRINGS FL
34689

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MELISSA M. KRUSE

Office Address: 1739 LONGVIEW LN

TARPON SPRINGS, Florida 34689
(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.

[Signature]
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>RICHARD KRAUSE</u>		<input type="checkbox"/> Manager	Name:	<u>MELISSA KRAUSE</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>117 117 LAKE BLUFF DR</u>		<input checked="" type="checkbox"/> Member	Address:	<u>1739 CONVIEW LN</u>	
<input type="checkbox"/> Authorized Person		<u>COLUMBUS OH 43235</u>		<input type="checkbox"/> Authorized Person		<u>1739 TARPON SPRINGS</u>	
<input type="checkbox"/> Other				<input type="checkbox"/> Other		<u>FL 34689</u>	

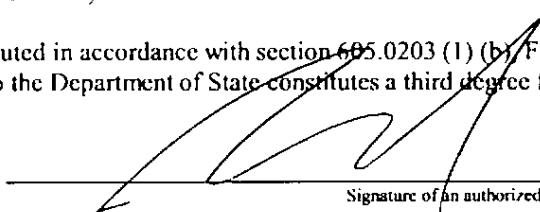
<input type="checkbox"/> Manager	Name:	<u>JEREMY PRATT</u>		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	<u>15 KENYON BROOK DR</u>		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized Person		<u>WORTHINGTON, OH</u>		<input type="checkbox"/> Authorized Person			
		<u>43085</u>					
<input type="checkbox"/> Other				<input type="checkbox"/> Other			

<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person				<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other				<input type="checkbox"/> 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
RICHARD F. KRAUSE

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GRYPHON ASSET ADVISORS, LLC, an Ohio Limited Liability Company, Registration Number 1403361, was organized in the State of Ohio on August 4, 2003, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of September, A.D. 2024.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202425603486