

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF DOCUMENT FILED**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Statement of Foreign Entity Authority

with Document # 20191149660 of  
Bow River Capital OZ I, LLC

Delaware Foreign Limited Liability Company

(Entity ID # 20191149660 )

consisting of 3 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/22/2025 that have been posted, and by documents delivered to this office electronically through 09/23/2025 @ 11:22:46.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/23/2025 @ 11:22:46 in accordance with applicable law. This certificate is assigned Confirmation Number 17712426.



A handwritten signature in blue ink that reads "Jena Griswold".

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*  
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Colorado Secretary of State  
 Date and Time: 02/22/2019 12:07 PM  
 ID Number: 20191149660  
 Document number: 20191149660  
 Amount Paid: \$100.00

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ABOVE SPACE FOR OFFICE USE ONLY

**Statement of Foreign Entity Authority**  
 filed pursuant to § 7-90-803 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, the entity name, and the true name, if different, are

Entity ID number 20191149660  
*(Colorado Secretary of State ID number)*

Entity name Bow River Capital OZ I, LLC

True name \_\_\_\_\_  
*(if different from the entity name)*

2. The form of entity and the jurisdiction under the law of which the entity is formed are

Form of entity Foreign Limited Liability Company

Jurisdiction Delaware

3. The principal office address of the entity's principal office is

Street address 1780 S Bellaire St  
*(Street number and name)*

8th Floor

Denver CO 80222  
*(City) (State) (ZIP/Postal Code)*

United States  
*(Province – if applicable) (Country)*

Mailing address \_\_\_\_\_  
**(leave blank if same as street address)** *(Street number and name or Post Office Box information)*

\_\_\_\_\_

\_\_\_\_\_ *(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_ *(Province – if applicable) (Country)*

4. The registered agent name and registered agent address of the entity's registered agent are

Name \_\_\_\_\_  
*(if an individual) (Last) (First) (Middle) (Suffix)*

or \_\_\_\_\_

*(if an entity)* \_\_\_\_\_

**(Caution: Do not provide both an individual and an entity name.)**

Street address

1780 S Bellaire St

(Street number and name)

8th Floor

Denver

(City)

CO

(State)

80222

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

CO

(State)

(ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent above has consented to being so appointed.

5. The date the entity commenced or expects to commence transacting business or conducting activities in Colorado is 02/11/2019.  
(mm/dd/yyyy)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

7. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_.  
(mm/dd/yyyy hour:minute am/pm)

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8. The true name and mailing address of the individual causing the document to be delivered for filing are

Palmere

(Last)

Betty

(First)

(Middle)

(Suffix)

1780 S Bellaire St

(Street number and name or Post Office Box information)

8th Floor

Denver

(City)

CO

(State)

80222

(ZIP/Postal Code)

United States

(Province – if applicable)

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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