# B15000000061

(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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THE 245				

Office Use Only



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15 JUN 15 PM 3: 40 SECRETARY OF STATE

JUN 1 5 2015

#### **COVER LETTER**

Division of Corp	orations		
SUBJECT: Kellstrom C	o-Investment Partners, LP		
	e of Foreign Limited Partn	ership or Limited Liability	Limited Partnership
partnership to transact but		_	a foreign limited partnership or limited liability limited
Emily Moniz			
	Contact Person	· · · · · · · · · · · · · · · · · · ·	
c/o CT Corporation Syste	em		
	Firm/Company		
155 Federal Street, Suite	700		
	Address		
Boston MA 02113			
Ci	ty, State and Zip Code		
n/a			
E-mail address: (to be u	sed for future annual report	t notification)	
For further information co	oncerning this matter, pleas	e call:	
Emily Moniz		at (617 ) 531 58	327
Name of Contac	t Person	_ \	me Telephone Number
Enclosed is a check for th	e following amount:		
▼\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	11\$1,008.75 Filing Fees and Certificate of Status	© \$1,052.50 Filing Fees and Certified Copy	© \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Fallahassee, FL 32301	rcle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

TO:

Registration Section



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2015

EMILY MONIZ C/O CT CORPORATION SYSTEM 155 FEDERAL STREET STE 700 BOSTON, MA 02113

SUBJECT: KELLSTROM CO-INVESTMENT PARTNERS, LP

Ref. Number: W15000029415

We have received your document for KELLSTROM CO-INVESTMENT PARTNERS, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 515A00008531

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

LIMITED LIAB TO TRANS.  [Name of Limited Partnership or Limited Lia Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes.  If name unavailable, name under which the limited partner	OREIGN LIMITED PARTNERSHIP OR BILITY LIMITED PARTNERSHIP ACT BUSINESS IN FLORIDA  bility Limited Partnership, which must include suffix) rship, Limited, L.P., L.P., or Ltd.  Limited Liability Limited Partnership, L.L.L.P. or LLL.P.  mership or limited liability limited partnership proposes to register to transact rida; must contain acceptable suffix.
Delaware	3 March 16, 2015
State or Country of Formation	Date of Formation
4. Pederal Employer Identification Number: 47-344986	50
5. Name of Registered Agent for Service of Process and	
CT Corporation System	
1200 South Pine Island Road	
Plantation, Florida 33324	
7. Principal Office:	ure of Rogistered Agent  8, Mailing Address:
2500 North Military Trail	2500 North Military Trail
Suite 470	Suite 470
Boca Raton, FL 33431	Boca Raton, FL 33431
Street Address: 2500 North Military Trail Suite 470  Boca Raton, FL 33431	Street Address:  Mailing Address:
Name of General Partner:	Name of General Partner:  Street Address:

Name of General Partner:		1 of 2 Name of General	Partner:			
11. Effective date, if other tha (Effective date cannot be prior	n the date of filing: 10 nor more than 90 days after the dat	e this document is	filed by the Florida Department of State.)			
12. Attached is a certificate of e Florida Department of State, by the law of which it is organized	the Secretary of State or other officia	than 90 days prio I having custody c	r to the delivery of this application to the of the entity's records in the jurisdiction under			
Signed this 8th	day of April	,20	'			
	-My	Leene				
Signature of a general partner						

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional): \$52.50 \$8.75

Page 2 of 2

## Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KELLSTROM CO-INVESTMENT PARTNERS, LP" 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. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5710410 8300

150629968

AUTHENTICATION: 2356530

DATE: 05-07-15