Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000010693 3)))



H160000106933ABC-

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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FLORIDA/FOREIGN LP/LLLP KLH Capital Fund III, L.P.

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Help

J. HARRIS

1/13/2016 2:07:43 PM From: To: 8506176383(2/5)

COVER LETTER

TO: Registration Section Division of Corporations		,
SUBJECT: KLH Capital Fund III, L	P.	
Name of Foreign	Limited Partnership or Limited L	ability Limited Parmership
The enclosed application, certificate of partnership to transact business in Flo Please return all correspondence conditions.	rida.	egister a foreign timited partnership or limited Hability limited
Janet Beyer		
Contact F	'erson	
Pepper Hamilton LLP		
Firm/Con	npany	
4000 Town Center, Suite 1800		
Addre	<u> </u>	
Southfield, MI 48075		
City, State and	Zip Code	
beyerj@pepperlaw.com		
E-mail address: (to be used for future	reminual report notification)	
For further information concerning th	is matter, please call:	
Janet Beyer	as (248	359-774)
Name of Contact Person	Area Code an	d Daytime Telephone Number
Enclosed is a check for the following	amount:	
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.7 and Certifi Status	25 Filing Fees \$1,052,50 Filing cate of and Certified Cop	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADD Registration Secti Division of Corpo P. O. Box 6327 Tallahassee, FL	on rations

1/13/2016 2:07:43 PM From: To: 8506176383(3/5)

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

, KLH Capital Fun	nd 111, L.P.		
Acceptable Limited	Parinership suffixes: Limited Pariners	lity Limited Partnership, which must li hip, Limited, L.P., I.P. or Lid. Limited Liability Limited Partnership, I.	<i>,</i>
If name unavailabl		ship or limited liability limited partnersh a; must contain acceptable suffix.	ip proposes to register to transact
, Delaware		3,01/04/2016	
***	itate or Country of Formation	Date of Form	ation
4, Federal Employe	er Identification Number 81-1049480		
	red Agent for Service of Process and		
	o KLH Partners III, LLC		
601 Bayshore Boule	evard, Suite 850		
Tampa, FL 33506			
af all statutes rel my position as reg	gistered agent. By: Livy	mance of my dulles, and I am familiar wi	th and uccupi the obligations of
7. Principal Office:	:	8. Mailing Address:	
601 Bayshore Boule	evard	601 Bayshore Bouldvard	
Suite 850		Suite 850	Figure 1
Tampa, Fl. 33606		Tampa, Fl. 33606	Same of the state
·	ership is a limited limbility limited par	•	27 - Garage
10. Name, principa	it office address, and mailing address	of each general partner: (かへ)へへへくろろり	(T) .
Name of Genera	Partner: KLII Partners III, LLC MI	Name of General Partner:	
Street Address:	601 Bayshore Boulevard, Suite 850	Street Address:	
	Tampa, FL 33606	· · · · · · · · · · · · · · · · · · ·	
Mailing Address	s; same	Mailing Address:	
Name of Genera	al Partner:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address		Mailing Address:	

Name of General Partners	Page 1 of 2 Name of General Partner;
Stroct Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days of	after the date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticate	d, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this 11th day of January	20 16
James 8/Da The individual signing this document affirm that the facts	inture of a general partner interest of general partner interest. Manager of general partner stated herein are true and the individual is aware that false information dutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Cortified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page Z of 2

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KLH CAPITAL FUND III, L.P." 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 THIRTEENTH DAY OF JANUARY, A.D. 2016.

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

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

5926783 8300

SR# 20160195859

Authentication: 201665489

Date: 01-13-16