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(Requestor's Name)

(Address)

(Address)

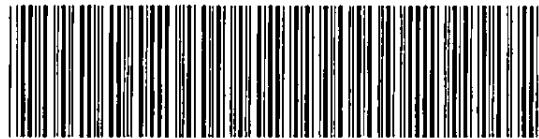
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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2024 SEP 25 PM 3:33:33

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K. Brumley
MS

Special Instructions to Filing Officer:

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SEP 30 2024

K. Brumley

MS



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

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 09/25/2024

Name: Cheyanne Davis

Reference #: 2503008

Entity Name: KLCP CO-INV USTE FUND IV LP

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other PLEASE ATTACH CERTIFIED COPIES UPON FILING

Authorized Amount: \$1052.50

Signature: Cheyenne Davis

• CORPORATE HQ
COGENCY GLOBAL INC
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY #010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLCP Co-Inv USTE Fund IV LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Anthony Pasqua

Contact Person

KLCP Co-Inv USTE Fund IV LP

Firm/Company

225 Liberty Street, Suite 4210

Address

New York, NY 10281

City, State and Zip Code

anthony.pasqua@klimllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Pasqua at (212) 782-3482
of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

KLCP Co-Inv USTE Fund IV LP

1. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware
State or Country of Formation

3. September ____, 2024
Date of Formation

4. Federal Employer Identification Number: _____

5. Name of Registered Agent for Service of Process and Florida Street Address:

Cogency Global Inc.

115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301

6. 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.

/s/ David Feins, Assistant Secretary

Signature of Registered Agent

7. Principal Office:

225 Liberty Street, Suite 4210

New York, NY 10281

8. Mailing Address:

225 Liberty Street, Suite 4210

New York, NY 10281

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Kennedy Lewis GP IV LLC Name of General Partner: _____

Street Address: 225 Liberty Street, Suite 4210 Street Address: _____

New York, NY 10281

Mailing Address: 225 Liberty Street, Suite 4210 Mailing Address: _____

New York, NY 10281

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

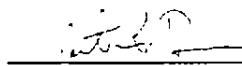
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 24 day of September, 2024



Signature of a general partner

Name: Anthony Pasqua
Title: Authorized Person of the General
Partner, Kennedy Lewis GP IV LLC

The individual signing this document affirms 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): \$52.50

Certificate of Status (optional): \$8.75

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KLCP CO-INV USTE FUND IV 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KLCP CO-INV USTE FUND IV LP" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2024.

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

5233993 8300

SR# 20243780407

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



Jeffrey W. Bullock, Secretary of State

Authentication: 204478519

Date: 09-25-24