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ACCOUNT NO. : 072100000032

REFERENCE: 123761

4807453

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AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: January 4, 2005

ORDER TIME : 9:39 AM

ORDER NO. : 123761-010

CUSTOMER NO: 4807453

CUSTOMER: Ms. Amanda Colie

Shartsis, Friese, & Ginsburg

18th Floor

One Maritime Plaza

San Francisco, CA 94111

FOREIGN FILINGS

NAME: KL FUND MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

KL Fund Mar	nagement, LLC			90 M
-	(Name of Foreign Lim	ited Li	ability Company)	70 Y .
Delaware		3		
(Jurisdiction und company is orga	der the law of which foreign limited liabi unized)	lity .	( FEI number, if appl	icable)
· Novew	Date of Organization)	5.	perpetual	700
	Date of Organization)		(Duration: Year limited liability contents or "perpetual")	ompany will cease to
·	(Date first transacted business	in Flo	ida if prior to registration	<del></del>
	(See sections 608.501 & 608.502	2 F.S.	to determine penalty liability)	
222 Lakevi	ew Avenue, 17th Floor			
West Palm	Beach, FL 33401			
	(Street Add	iress c	f Principal Office)	
	bility company is a manager-mana	_		
. The name an	nd usual business addresses of the	mana	ging members or managers are	as follows:
Won S. Lee	е			
222 Lakev	iew Avenue, 17th Floor			
West Palm	Beach, FL 33401			
ne jurisdiction und	original certificate of existence, no more that ler the law of which it is organized. (A phot ertificate under oath of the translator must be	tocopy	is not acceptable. If the certificate is in	
1. Nature of b	ousiness or purposes to be conducted	ed or	promoted in Florida: Investm	ent Advisory
	(In accordance with section 608.408	(3), F.	horized representative of a men S., the execution of this document constituty that the facts stated herein are true.)	
	Won S. Lee			- <del></del> -
	Typed or pri	inted	name of signee	

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Co	ompany is:	
KL Fund Ma	nagement, LLC		
2. The name	e and the Florida street addr	ress of the registered agent and office a	are:
	Corporation Service	e Company	
	,,,,	(Name)	
	1201 Hays Street		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	
liability comp agent and ag relating to the obligations o	oany at the place designated ree to act in this capacity. I e proper and complete perfo	and to accept service of process for the din this certificate, I hereby accept the a further agree to comply with the provisurmance of my duties, and I am familian agent as provided for in Chapter 608, Fi	appointment as registered sions of all statutes with and accept the

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 25.00 Designation of Registered Agent

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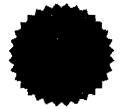
## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KL FUND MANAGEMENT, LLC" 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 FIFTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KL FUND MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2004.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3595982

DATE: 01-05-05

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