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

Office Use Only



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K. SALY EXAMINER

FEB 1 2 2014



ACCOUNT NO. : I2000000195						
REFERENCE : 010245 4306525						
AUTHORIZATION:						
COST LIMIT : \$ 125.00						
ORDER DATE : February 11, 2014						
ORDER TIME : 9:52 AM						
ORDER NO. : 010245-010						
CUSTOMER NO: 4306525						
FOREIGN FILINGS						
NAME: KAVERI INVESTMENT MANAGEMENT COMPANY LLC						
XXXX QUALIFICATION (TYPE: LL)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Susie Knight EXT# 52956						
EXAMINER:						

COVER LETTER

	ration Section on of Corporations						
SUBJECT: K	averi Investment Management Co	mpany LLC					
	Nan	ne of Limited I	Liability Compa	any			
The enclosed "A Existence, and o	Application by Foreign Limited Liabi check are submitted to register the ab	lity Company ove referenced	for Authorization I foreign limited	on to Transact Business in Florida," Certificate of liability company to transact business in Florid			
Please return al	l correspondence concerning this mat	ter to the follo	wing:				
	Michael Goldsmith						
		Name o	f Person				
	Sills Cummis & Gross P.C.						
	,	Firm/Co	ompany				
	30 Rockefeller Plaza						
Address							
	New York, NY 10112						
		City/State ar	nd Zip Code				
	mgoldsmith@sillscummis.com						
	E-mail address: (to	be used for f	uture annual re	port notification)			
For further info	rmation concerning this matter, please	e call:					
Micha	el Goldsmith	at	(212)	500-1568			
	Name of Person		Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET A) Division of C Registration Clifton Build 2661 Execut Tallahassee,	Corporations Section ling ive Center Circ	de			
	check for the following amout 5.00 Filing Fee \$\square\$\$\$\$\$\square\$	Fee &	\$155.00 Filing Certified Copy				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED EIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Kaveri Investment Manage (Name of Foreign Limited	ement Company LLC Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternonsent of the managers or mana Company," "L.L.C," "LLC.")	ate name adopted for the purpose of transacting business in Florida and attach a copy of the writte ging members adopting the alternate name. The alternate name must include "Limited Liability
Delaware	₃ 45-4399412
(Jurisdiction under the law of company is organized)	which foreign limited liability (FEI number, if applicable)
(Da	te first transacted business in Florida, if prior to registration.) sections 605.0904 & 605.0905, F.S. to determine penalty liability)
99 Hook Road, #5	\$500 - S
Bayonne, NJ 07002	EE. F.S
	(Street Address of Principal Office)
99 Hook Road, #5	
Bayonne, NJ 07002	
	(Mailing Address)
7. The name, title or capa	city and address of the person(s) who has/have authority to manage is/are:
Haresh Tharani, Managing M	
Taresit Harani, Managing 1	
99 Hook Road, #5	
Bayonne, NJ 07002	
n the jurisdiction under the law o	ate of existence, no more than 90 days old, duly authenticated by the official having custody of records f which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a oath of the translator must be submitted.)
<i>(</i>	Signature of an authorized person
penalties of perjudocument to the	th section 605.0203 E.S., the execution of this document constitutes an affirmation under the try that the facts stated herein are true. I am aware that any false information submitted in a expepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.) sesh Tharani
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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	2011	
Kaveri Investmer	FEB	
If unavailable, the	he alternate to be used in the state of Florida is:	HARRY OF S
2. The name an	d the Florida street address of the registered agent and office a	re: ORIGINAL OS
	Corporation Service Company	
		
	1201 Hays Street	
	·	
	Tallahassee FL 32301	
	City/State/Zip	· · · · · · · · · · · · · · · · · · ·
liability company registered agent statutes relating accept the obliga Statutes.	med as registered agent and to accept service of process for the y at the place designated in this certificate, I hereby accept the a and agree to act in this capacity. I further agree to comply with to the proper and complete performance of my duties, and I am ations of my position as registered agent as provided for in Chapter Corporation Service Company (Signature)	appointment as h the provisions of all familiar with and pter 605, Florida
	(Signature) V	Harry B. Davis Asst. Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 \$ 30.00

5.00

\$

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KAVERI INVESTMENT MANAGEMENT
COMPANY 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 TENTH DAY OF
FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAVERI INVESTMENT MANAGEMENT COMPANY LLC" WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2012.

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

5098360 8300

140156642

AUTHENTY CATION: 1123722

DATE: 02-10-14

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