MIW0003473

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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2016 APR 28 A II: 21
SECRETARY OF STATE
SECRETARY O

DEMOTINE OF CHARLETTE

APR 2.9 2013 BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 117750 8056646

AUTHORIZATION :

COST LIMIT : \$\125.00

ORDER DATE: April 26, 2016

ORDER TIME : 9:24 AM

ORDER NO. : 117750-005

CUSTOMER NO: 8056646

FOREIGN FILINGS

NAME: KANDEO INVESTMENT ADVISORS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

	tion Section of Corporation	s						
SUBJECT:	Kan	deo Instrumt	Advisors LL	′c				
Name of Limited Liability Company								
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.								
Please return all o	orrespondence co	oncerning this matter to the f	following:					
		Educido Mici	holsen Dolgade me of Person))				
		Na	me of Person					
Kander Incortment Advisors LLC								
		Fir	m/Company					
3250 Mary St. Suito 202								
			Address					
Coco no 1 Giove, F1, 33133 For En								
Coronal Glove, F1, 33133 City/State and Zip Code Lood riguez @ Kandeo fund. com E-mail address: (to be used for future annual report notification) Eor further information concerning this matter, please call:								
•	E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:								
	nda Rod Name of	Contact Person	at (305) 7 Area Code Da	15-2/11 Propriet 22 ytime Telephone Number				
MAILI Division Registra P.O. Box	NG ADDRESS: of Corporations tion Section		STREE Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section				
Enclosed is a checular □ \$125.	ck for the followi 00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

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

	ION 605 <i>0</i> 902, FLORIDA STATUI SINESS INTHE STATE OF FLORI		UBMITTED TO	O REGISTER A F	OREIGN LIMITI	ED LIABILTIY
			, c			
(Name of Foreign	en deo In wast ne m gn Limited Liability Company; n	nust include "Limited Liabi	ility Company	," "L.L.C.," or "	LI.C.')	
(If name unavailable enter alte	ernate name adopted for the purp	ose of transacting business	in Florida. Tl	ne alternate name	must include "?	Limited
Liability Company," "L.L.C,"	or "LLC.")					
2. <u>De laware</u>	f which foreign limited liability	3.	(FEI numbe	r, if applicable)		
company is organized)						
4.	(Date first transacted bus (See sections 605,0904 & 6	iness in Florida, il prior to	registration.)	<u> </u>		
2 0	(See sections 605,0904 & 6	05.0905, F.S. to determine	penalty liabili	ty)		
5	50 Mary of	SUME 202				
<i>(c</i>	COPUT 610LD (Street Address	F1, 33/33				
2 9	(Street Address	of Principal Office)				
6. <u>52</u>	150 mary st	- JUITE 202	<u></u>	· · · · · · · · · · · · · · · · · · ·		
·	Coconul Grove	F1, 33133			28	
	V				<u> </u>	70
	of Florida registered agent:			<u></u>	漫事	Salaran Maria
Name:	Edwide Michel	sen Delgado	-	ن د	28	m
Office Address:	3250 Mary st Coconst Grove	Suite 202		ŗ	79 D	
	Coconst 61000,		, Florida	33133	AII: 2	
Danistanal availe against	(Čity)		•	(Zip code)	2	
	istered agent and to accept s					
designated in this applicati	ion, I hereby accept the appo ns of all statutes relative to t	pintment as registered as he proped and vomnieth	gent ayid agri nerformanci	ee to act in this e of my duties.	capacity. I fu and I am fam	irther agree iliar with and
	y position as registered ager			co, my amazan,		***************************************
_		- My I	1			
	(Re	gistered agent's signature	V			
8. The name, title or capac	city and address of the person	n(s) who has/have authori	ty to manage	is/are:		
Edvardo M	ichelson Delgado					
Managins Di	rector					
3250 Mai	ichelsen Delgado iector ig s.t. Suite	200 Mic.	m: I	1 3313	3	
 Attached is a certificate of invisdiction under the law of 	of existence, no more than 90 of which it is organized. (II th	days old, duly authentical certificate is in a foreign	ated by the o In language, a	fficial having c a translation of	ustody of recor the certificate	rds in the under oath
of the translator must be sul		. V/h1/	, , , , , , , , , , , , , , , , , , ,			
) \(\bullet	MO 1.7				
	X ignat	urd of an authorized herson				
	in accordance with section 60 the Department of State cons					ion
	Edwardo N	lichelsen Delgado				

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KANDEO INVESTMENT ADVISORS 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KANDEO
INVESTMENT ADVISORS LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D.
2014.

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

ANY SO

Authentication: 202214522

Date: 04-26-16

5565635 8300 SR# 20162584810