

9/7/2016 12:31 PM From: To: 850 617 6383 ()
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Florida Department of State
Division of Corporations
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To: Division of Corporations
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**Foreign Limited Liability Company
KIG Investment Management, LLC**

Certificate of Status	0
Certified Copy	0
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KIO Investment Management, LLC
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 correspondence concerning this matter to the following:

Michael L. Cifelli

Name of Person

c/o Foley Hoag LLP

Firm/Company

155 Seaport Boulevard

Address

Boston, MA 02210

City/State and Zip Code

matias@klgip.com

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

For further information concerning this matter, please call:

Michael L. Cifelli

617

832-1766

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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**

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

1. KIG Investment Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. Massachusetts 3. _____
(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable)
company is organized)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 175 SW 7th Street, Suite 1210, Miami, FL 33130

(Street Address of Principal Office)

6. 175 SW 7th Street, Suite 1210, Miami, FL 33130

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Matias Sacerdote
Office Address: 175 SW 7th Street, Suite 1210
Miami, Florida 33130
(City) (Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.*

By: 
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Matias Sacerdote, Manager
175 SW 7th Street, Suite 1210
Miami, FL 33130

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)


Signature of the authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Matias Sacerdote
Typed or printed name of signer



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02138

September 6, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

KIG INVESTMENT MANAGEMENT, LLC

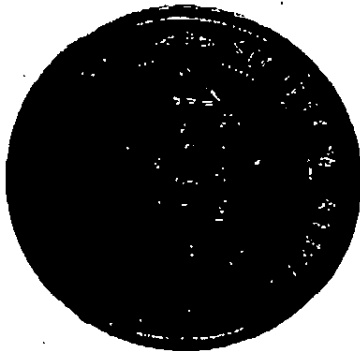
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 20, 2012.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **MATIAS SACERDOTE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MATIAS SACERDOTE**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **MATIAS SACERDOTE**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth