

M2000000736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

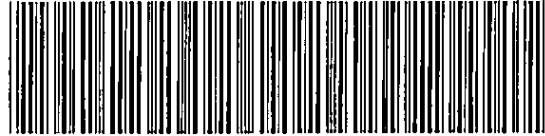
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

2

Date: 1/17/2020

Acc#120160000072

en: c D W.

Name:	Fidelity Investments Institutional Operations Company LLC
Document #:	
Order #:	12575338 - 21

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fidelity Investments Institutional Operations Company 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:

Jennie Piccolo

Name of Person

Firm/Company

1 Destiny Way, WAIL

Address

Westlake, TX 76262

City/State and Zip Code

Jennie.Piccolo@fmr.com

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

For further information concerning this matter, please call:

Jennie Piccolo

817

474-8018

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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:

(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. (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____ (FE number, if applicable)

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

5. _____
(Street Address of Principal Office)

6. _____ (Mailing Address)

Boston, MA 02210

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation _____, Florida 33324
(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. 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.

By: Stephen Rullis Stephen Rullis
(Registered agent's signature) Asst. Secretary

FL057 - 6/25/2019 Waters Kluwer Online

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Kevin M. Barry
☐ Member Address: 245 Summer Street
☐ Authorized Boston, MA 02210
Person
☐ Other ☐ Other

☒ Manager Name: Mark Katzelnick
☐ Member Address: 245 Summer Street
☐ Authorized Boston, MA 02210
Person
☐ Other ☐ Other

☐ Manager Name: Brian C. McLain
☐ Member Address: 245 Summer Street
☒ Authorized Boston, MA 02210
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Ronald DePoalo
☐ Member Address: 245 Summer Street
☐ Authorized Boston, MA 02210
Person
☐ Other ☐ Other

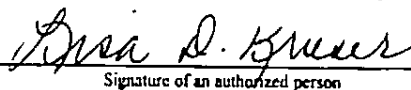
☐ Manager Name: Lisa D. Krieser
☐ Member Address: 245 Summer Street
☒ Authorized Boston, MA 02210
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.


Signature of an authorized person

Lisa D. Krieser

Typed or printed name of signee



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

January 16, 2020

TO WHOM IT MAY CONCERN:

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

FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 1, 2020.

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; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; 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: **KEVIN M. BARRY, RONALD DEPOALO, MARK KATZELNICK**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **KEVIN M. BARRY, RONALD DEPOALO, MARK KATZELNICK, LISA D. KRIESER, BRIAN C. MCLAIN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **LISA D. KRIESER**



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