



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2020

ROBIN PIERCE
2323 GRAND BOULEVARD
KANSAS CITY, MO 64108

SUBJECT: SUN LIFE CAPITAL MANAGEMENT (U.S.) LLC
Ref. Number: W20000017679

We have received your document for SUN LIFE CAPITAL MANAGEMENT (U.S.) LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 320A00003721

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sun Life Capital Management (U.S.) 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:

Robin Pierce

Name of Person

Sun Life

Firm/Company

2323 Grand Boulevard

Address

Kansas City, MO 64108

City/State and Zip Code

robin.pierce@sunlife.com

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

For further information concerning this matter, please call:

Robin Pierce

816

556-7723

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2020 FEB 26 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Sun Life Capital Management (U.S.) LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If none was available, alternatives were adopted for the purpose of transacting business in Florida. The alternative name must include "Foreign Limited Liability Company," "LLC," or "LLP.")

2. Delaware 3. 04-3132283
(Jurisdiction under the law of which foreign limited liability company is organized) (LL number, if applicable)

4. 2-10-2020
(Date first transacted business in Florida, if prior to registration; (See sections 605.02(4) & 605.02(5), F.S., to determine penalty for delay.)

5. One Sun Life Executive Park
(Street Address of Principal Office)

6. One Sun Life Executive park
(Mailing Address)

Wellesley Hills, MA 02481

Wellesley Hills, MA 02481

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 33324
City State 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.

Kim Wasilewski
(Registered agent's signature)

Kim Wasilewski
Assistant Secretary

FILED
2020 FEB 26 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Randolph B. Brown

☐ Member Address: One Sun Life Executive Park

☐ Authorized Wellesley Hills, MA 02481

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Thomas P. Murphy

☐ Member Address: One Sun Life Executive Park

☐ Authorized Wellesley Hills, MA 02481

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Stephen C. Peacher

☐ Member Address: One Sun Life Executive Park

☐ Authorized Wellesley Hills, MA 02481

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Melissa J. Kennedy

☐ Member Address: 1 York Street

☐ Authorized Toronto, Ontario, Canada M5J 0B6

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Patrick R. Romain

☐ Member Address: 1 York Street

☐ Authorized Toronto, Ontario, Canada M5J 0B6

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

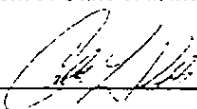
Person _____

☐ 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

Colleen L. Kallas, Secretary

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN LIFE CAPITAL MANAGEMENT (U.S.) 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 FIFTEENTH DAY OF JANUARY, A.D. 2020.

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


FILED
2020 FEB 26 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2274792 8300

SR# 20200305544

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202194929

Date: 01-15-20