

M21000004763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

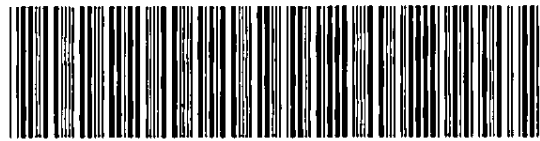
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **April 20, 2021**

Account#: 1200000000088

Name: **KEN HOWELL**

Reference #: **1357053**

Entity Name: **KENNEDY LEWIS GP III LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$125-**

Signature: _____

• CORPORATE HQ
COGENCYGLOBAL INC
115 N CALHOUN ST STE 4
TALLAHASSEE, FL 32301
800.271.0102
+1.212.947.7200

• EUROPEAN HQ
COGENCYGLOBAL (UK) LIMITED
REGISTERED IN ENGLAND
6 BEVIS MARKS, 11TH FLOOR
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCYGLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FLOOR
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kennedy Lewis GP III 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:

Anthony Pasqua
Name of Person

Kennedy Lewis Investment Management
Firm/Company

600 Brickell Avenue, Suite 1400
Address

Miami, FL 33131
City/State and Zip Code

anthony.pasqua@klimllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Pasqua at (212) 782 3482
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

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. Kennedy Lewis GPI 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI 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. 600 Brickell Avenue, Suite 1400
(Street Address of Principal Office)

6. 600 Brickell Avenue, Suite 1400
(Mailing Address)

Miami, FL 33131

Miami, FL 33131

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(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.

/s/ Ann Marie Cummins

(Registered agent's signature)

Ann Marie Cummins, Asst. Secy.

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Kennedy Lewis Investment Holdings II LLC</u>	☐ Manager	Name: <u>David Chene</u>
☒ Member	Address: <u>600 Brickell Avenue, Suite 1400</u>	☐ Member	Address: <u>600 Brickell Avenue, Suite 1400</u>
☐ Authorized	<u>Miami, FL 33131</u>	☒ Authorized	<u>Miami, FL 33131</u>
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: <u>Darren Richman</u>	☐ Manager	Name: <u>Anthony Pasqua</u>
☐ Member	Address: <u>600 Brickell Avenue, Suite 1400</u>	☐ Member	Address: <u>600 Brickell Avenue, Suite 1400</u>
☒ Authorized	<u>Miami, FL 33131</u>	☒ Authorized	<u>Miami, FL 33131</u>
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person		Person	
☐ Other	☐ Other	☐ 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

Anthony Pasqua

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 "KENNEDY LEWIS GP III 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 NINETEENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KENNEDY LEWIS GP III LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2021.

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



5847761 8300

SR# 20211347969

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203000157

Date: 04-19-21