M22000002860

(Requestor's Name)
(Address)
(Address)
(Address)
· (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 492187 4804708
AUTHORIZATION: 493187 4804708
COST LIMIT : \$ 125.00
ORDER DATE : February 17, 2022
ORDER TIME : 9:22 AM
ORDER NO. : 492187-015
CUSTOMER NO: 4804708
FOREIGN FILINGS
NAME: KLM GP LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER:

CORPORATION SERVICE COMPANY

COVER LETTER

KLM GP LLC			
BJECT:			
Name	of Limited Liability Company		
enclosed "Application by Foreign Limited Liability C stence, and check are submitted to register the above r	Company for Authorization to Transact Business in Florida." Coreferenced foreign limited liability company to transact business		
ase return all correspondence concerning this matter to	o the following:		
Anthony Pasqua			
	Name of Person		
KLM GP LLC			
	Firm/Company		
600 Brickell Avenue, Suite 1400			
	Address		
Miami, Florida 33131			
C	ity/State and Zip Code		
anthony.pasqua@klimllc.com			
E-mail address: (to be	used for future annual report notification)		
or further information concerning this matter, please cal	П:		
Anthony Pasqua	212 782-3482		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
Please make check payable to: FLORIDA DEF			
□ \$125.00 Filing Fee □ \$130.00 Filing Fe			

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, KLM GP LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	d Laability	Company," "L.L.C.," or "LLC.")		
	<u> </u>				
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	londa. The al	ternate name must include "Limited Liabili	ty Company," "L.L.C," or "Ll	.C.")
Delaware 2		3.	(FEI number, i		
(Jurisdiction under the law of which foreign limited liability company is organized)		<u> </u>	(FEI number, i	fapplicable)	
4	(Date first transacted husiness in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration. ine penalty li	ability)	_	
600 Brickell Avenue		6.	600 Brickell Avenue		
(Street Address of Principal Office)		0	(Mailing Address)		
Suite 1400		;	Suite 1400	2022 SEC	
Miami, Florida 33131		_ _	Miami, Florida 33131	FEB 23 A	
7. Name and street address	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> ac	cceptable)		
Name:	Corporation Service Company			8: 03 STATE CORIDA	
Office Address:	1201 Hays Street				
	Tallahassee		32301 Florida		
(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. Eylina Bahor

Corporation Service Company

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: Title or Capacity: Name and Address: Anthony Pasqua Name: Kennedy Lewis Investment Management LLC □ Manager □Manager 600 Brickell Avenue 600 Brickell Avenue Address: ■ Member □ Member **Suite 1400** Suite 1400 □ Authorized Authorized Miami, FL 33131 Miami, FL 33131 Person Person □Other____ □Other_ □Other Other____ □ Manager □Manager Name: Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other___ □Other_____ Other___ □Other_____ □Manager Name: □Manager Name: \square Member Address: _____ Address: □Member ☐ 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. Nonindexed 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 signee



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

DELAWARE, DO HEREBY CERTIFY "KLM GP 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-THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KLM GP LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2017.

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



Authentication: 202739339

Date: 02-23-22