To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000100934 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jeffcregistrations@jefferies.com

Foreign Limited Liability Company Jefferies Investment Advisers LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

To:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS **4N FLORIDA**

IN COMPLIANCE WITH SECTION 66.0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXIN TRAITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATEOFF LORIDA:

ated Lash live Comes one must melada "Lissated L		
ned (2.00mly Company), must membe 1.20mled (Jability Company "T.L.C." or "LLC")	
adopted for the purpose of transacting business in their	da. Et e aftemate name must melitide "Uzunted Frahility, Comp	rany, 11 LCC or THE
	,	
fereign limited liability company is organized;	2). (11) number (Lapplica	life;
(Date first transacted bysoness in Plonds if proctores	(structions)	
(Nee sections 690 (1904 & 600 090), 1/8, so defermine		
	(Mailing Address)	
	New York, NY 10022	
f Florida registered agent (P.O. Box 2	NOT_acceptable)	2023 !
f Florida registered agent: (P.O. Box \) T Corporation System	NOT_acceptable)	2023 1770 1
	NOT_acceptable)	202317715 F
2 T Corporation System	NOT acceptable) 33324 Florida (Aprode)	
	fereign limited liability company is organized,	(Unte first transacted business in Plands of prior to registration.) (See sections 695 0904 & 605 0905, U.S. to determine penalty liability) 520 Madison Ave. 6 (Wading Andress)

Sandra Zwijack, Assistant Secretary

(Registered agent's signature)

By:

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 Capacit	<u>y:</u>	Name and Address:
≟Manager	Name. Jefferies Financial Group Inc.	_Manager	Name:	
<u>≖</u> Member	Address: 520 Madison Ave	□ Member		
Authorized	New York, NY 10022	Authorized		
Person		Person		
_ Other		Other		Other
∐Manager	Name:	□ Manager	Name:	
⊒Member	Address: 520 Madison Ave.	□Member	Address:	•
∓ Authorized	New York, NY 10022	-Authorized		
Person	-	Person		
Other	Other	DOther		_Other
⊒Manager	Name:	∐ Manager	Name	
— Member	Address:	[—] Member	Address:	
□ Authorized		☐ Authorized		
Person		Person		
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.

00000				
	Signature of an authorized person			
Joanna Jia				



Page 1

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

DELAWARE, DO HEREBY CERTIFY "JEFFERIES INVESTMENT ADVISERS 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 NINTH DAY OF MARCH, A.D. 2023.

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

e at corp.delayare.gov/aut

Authentication: 202880951

Date: 03-09-23