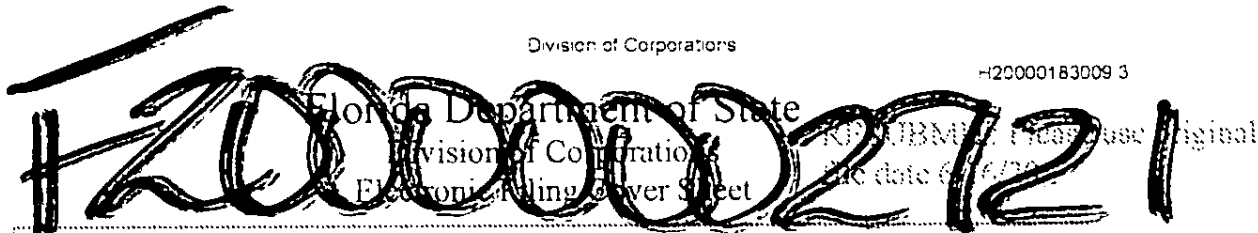


6/16/2020

Division of Corporations

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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.

((H20000183009 3)))



H200001830093ABCX

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 : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850)521-0821
 Fax Number : (850)558-1515

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

Email Address: _____

RECEIVED
 2020 JUN 18 PM 2:22

**FOREIGN PROFIT/NONPROFIT CORPORATION
 KCF MANAGEMENT CORPORATION**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

2020 JUN 18 PM 9:32

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850-617-6381

6/18/2020 2:23:20 PM PAGE 3/007 Fax Server
6/17/2020 10:52:56 AM PAGE 1/001 Fax Server

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June 17, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: KCF MANAGEMENT CORPORATION
REF: W20000061259

We have received your document for KCF MANAGEMENT CORPORATION . However, the enclosed document has not been filed and is being returned to you for the following reason(s) :

The document is illegible and not acceptable for imaging.

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

Mel Solomon
Senior Section Administrator

FAX Aud. #: H20000183009
Letter Number: 520A00011939

2020 JUN 15 11:09:32

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KCF Management Corporation
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jigar Desai

Name of Person

KCF Management Corporation

Firm/Company

804 S Davis Blvd

Address

Tampa Florida 33606

City/State and Zip code

jigdes@gmail.com

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

For further information concerning this matter, please call:

_____ at (_____) _____

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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

Enclosed is a check for the following amount:

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

- \$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status
 \$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. KCF Management Corporation
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 85-1101809
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 1, 2020 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. June 15, 2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 804 S Davis Blvd., Tampa Florida 33606
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company
By:

[Handwritten signature]

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

Chairman Name: Matt Bubis

Vice Chairman Address: 505 Fifth Avenue, NY NY 10017

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Louis Aurelio

Vice Chairman Address: 505 Fifth Avenue, NY NY 10017

Director _____

President _____

Vice President _____

Secretary Treasurer

Other CAO Other _____

Chairman Name: Jigar Desai

Vice Chairman Address: 804 S Davis Blvd.

Director Tampa Florida 33606

President _____

Vice President _____

Secretary Treasurer

Other CEO Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

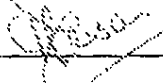
President _____

Vice President _____

Secretary Treasurer

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.

12.  _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Jigar Desai, Chief Executive Officer
 (Typed or printed name and capacity of person signing application)

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KCF MANAGEMENT CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KCF MANAGEMENT CORPORATION" WAS INCORPORATED ON THE FIRST DAY OF MAY, A.D. 2020.

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

2020 JUN 16 2:23:32



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

7954859 8300

SR# 20205718873

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

Authentication: 203116248

Date: 06-16-20

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