# MECOCOCAS

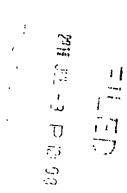
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Special Instructions to Filing Officer:	
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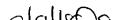
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2018

GRANER PLATZEK & ALLISON, P.A. 720 E PALMETTO PARK RD BOCA RATON, FL 33432

SUBJECT: BKHK ACQUISITIONS, LLC

Ref. Number: W18000059047

We have received your document for BKHK ACQUISITIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed  $\overline{\mathbb{U}}$ and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 and the property and the standard of the s days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00013230

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## COVER LETTER

UBJECT:	SKHK Acquisitions	, LLC		
OBJECT: _		Name of I	Limited Liability C	Company
he enclosed ' xistence, and	'Application by For check are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Transact Business in Florida," Certificate ed liability company to transact business in Flor
ease return a	ill correspondence c	oncerning this matter to the	following:	
	Brent Kiley			
		No	ame of Person	
	BKHK Acquisi	tions, LLC		70,
		Fi	rm/Company	;=
	262 South Riv	er Road, Suite 201		· · · · · · · · · · · · · · · · · · ·
			Address	
	Bedford, New	Hampshire 03110		ं 
		City/S	tate and Zip Code	
	brent.a.kiley@a	mpf.com		
	<del></del>	E-mail address: (to be use	i for future annual	report no:ification)
or further inf	ormation concernin	g this matter, please call:		
Brer	nt Kiley		603 at (	606-47:55 ext. 202
	Name o	of Contact Person	Area Code	Day time Telephone Number
Divis Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassec, FL 32314			STREET ADDRESS: Division of Corporations Registrat on Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the follow 25.00 Filing Fee	ving amount:  \$\mathbb{M}\$\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin	

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

IN COMPILANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMILTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ted Liability Company; must include "I im		
(If name univailable, enter alternate name a	depted for the purpose of nansacting business in		d Liability Company," "L.L.C," or "LLC")
2. New Hampshire		3. <u>82-1927534</u>	
(Jurisdiction under the law of which is	oreign limited liability company is organized)	(FE.	number, if applicable)
4. N/A			
	(Date lins) transacted business in Florida, if prior (See sections 605-0904 & 605-0905, F.S. to dete	to registration.) ntine penalty liability)	<del></del>
5. 262 South River Rd., Ste		6 262 South River Rd.,	Ste. 201
(Street Address of Principal Office)		(Marlin	( Address)
Bedford, NH 03110		Bedford, NH 03110	<u>-</u>
	Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	~ a
Name: Ja	ames Livolsi	<del></del>	<u> </u>
Office Address:	as Stepleral	Historia	
7	3 Contract	- <del></del> )	137 / BB
_1	DICE VICELLO	Florica, Florica	1 30 - C 130
Registered agent's acceptant	,	12	(3)
			ited liability company at the place
			act in this capacity. I further agre
to comply with the provisions and accept the obligations of	of all statutes relative to the prop my position as registered agont.	er and complete performance of	my duties, and I am familiar with
and accept the ootigations of	my position as registered again.	/	
	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	, _	
	<del></del>	<del></del>	
<del></del>	Registered agent	's signature)	<del></del>
	and address of the person(s) who	•	re:
8. The name, title or capacity <u>Title or Capacity:</u>	17	•	re: Name and Address:
	and address of the person(s) who	has/have authority to manage is/a	
Title or Capacity:	and address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20	has/have authority to manage is/a Title or Capacity: Manager	Name and Address:  Brent Kiley  262 South River Rd. # 201
Title or Capacity:	and address of the person(s) who  Name and Address:  Robert Bonfiglio	has/have authority to manage is/a Title or Capacity: Manager	Name and Address: Brent Kiley
Title or Capacity:  Manager	rand address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110	has/have authority to manage is/a  Title or Capacity:  Manager  1	Name and Address:  Brent Kiley  262 South River Rd. # 201  Bedford, NH 03110
Title or Capacity:	rand address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager	Name and Address:  Brent Kiley  262 South River Rd. # 201  Bedford, NH 03110  Justin Hall
Title or Capacity:  Manager	rand address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager	Name and Address:  Brent Kiley  262 South River Rd. # 201  Bedford, NH 03110
Title or Capacity:  Manager  Manager	and address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane  262 South River Rd. # 20  Bedford, NH 03110	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager	Name and Address:  Brent Kiley  262 South River Rd. # 201  Bedford. NH 03110  Justin Hall  262 South River Rd. #201
Title or Capacity:  Manager  Manager  (Use attachments if necessary	rand address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane  262 South River Rd. # 20  Bedford, NH 03110	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager	Name and Address: Brent Kiley 262 South River Rd. # 201 Bedford, NH 03110  Justin Hall 262 South River Rd. #201 Bedford, NH 03110
Title or Capacity:  Manager  Manager  (Use attachments if necessary 9. Attached is a certificate of e	r and address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane  262 South River Rd. # 20  Bedford, NH 03110  existence, no more than 90 days old	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager	Name and Address:  Brent Kiley 262 South River Rd. # 201 Bedford, NH 03110  Justin Hall 262 South River Rd. #201 Bedford, NH 03110
Title or Capacity:  Manager  Manager  (Use attachments if necessary 9. Attached is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law of which is a certificate of equivalent of the law	r and address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane  262 South River Rd. # 20  Bedford, NH 03110  existence, no more than 90 days old which it is organized. (If the certific	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager	Name and Address: Brent Kiley 262 South River Rd. # 20 Bedford, NH 03110  Justin Hall 262 South River Rd. #201 Bedford, NH 03110
Title or Capacity:  Manager  Manager  (Use attachments if necessary 9. Attached is a certificate of e	r and address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane  262 South River Rd. # 20  Bedford, NH 03110  existence, no more than 90 days old which it is organized. (If the certific	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager	Name and Address:  Brent Kiley 262 South River Rd. # 201 Bedford, NH 03110  Justin Hall 262 South River Rd. #201 Bedford, NH 03110
Title or Capacity:  Manager  Manager  (Use attachments if necessary 9. Attached is a certificate of equisidiction under the law of worthe translator must be subm	rand address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane  262 South River Rd. # 20  Bedford, NH 03110  existence, no more than 90 days old which it is organized. (If the certific litted)	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager  d, duly authenticated by the officinate is in a foreign language, a train	Name and Address:  Brent Kiley  262 South River Rd. # 200  Bedford, NH 03110  Justin Hall  262 South River Rd. #201  Bedford, NH 03110  at having custody of records in the instation of the certificate under oath
Title or Capacity:  Manager  Manager  (Use attachments if necessary 9. Attached is a certificate of e jurisdiction under the law of woof the translator must be subm.)  10. This document is executed.	r and address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane  262 South River Rd. # 20  Bedford, NH 03110  existence, no more than 90 days old which it is organized. (If the certific	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager  d, duly authenticated by the officinate is in a foreign language, a train  03 (1) (b), Florida Statutes, I am a	Name and Address:  Brent Kiley  262 South River Rd. # 200  Bedford, NH 03110  Justin Hall  262 South River Rd. #201  Bedford, NH 03110  all having custody of records in the instation of the certificate under oath
Title or Capacity:  Manager  Manager  (Use attachments if necessary 9. Attached is a certificate of elurisdiction under the law of worf the translator must be submit 10. This document is executed	rand address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane  262 South River Rd. # 20  Bedford, NH 03110  existence, no more than 90 days old which it is organized. (If the certific litted)  in accordance with section 605.02	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager  d, duly authenticated by the officinate is in a foreign language, a train  03 (1) (b), Florida Statutes, I am a	Name and Address:  Brent Kiley  262 South River Rd. # 201  Bedford, NH 03110  Justin Hall  262 South River Rd. #201  Bedford, NH 03110  all having custody of records in the instation of the certificate under oath
Title or Capacity:  Manager  Manager  (Use attachments if necessary 9. Attached is a certificate of elurisdiction under the law of worf the translator must be submit 10. This document is executed	rand address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane  262 South River Rd. # 20  Bedford, NH 03110  existence, no more than 90 days old thich it is organized. (If the certific litted)  In accordance with section 605.02  Department of State constitutes a	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  Manager  d, duly authenticated by the officinate is in a foreign language, a train  03 (1) (b), Florida Statutes, I am a	Name and Address:  Brent Kiley  262 South River Rd. # 201  Bedford, NH 03110  Justin Hall  262 South River Rd. #201  Bedford, NH 03110  all having custody of records in the instation of the certificate under oath
Manager  Manager  (Use attachments if necessary 9. Attached is a certificate of e jurisdiction under the law of woof the translator must be submitted in a document to the	rand address of the person(s) who  Name and Address:  Robert Bonfiglio  262 South River Rd. # 20  Bedford, NH 03110  Christopher Kinnane  262 South River Rd. # 20  Bedford, NH 03110  existence, no more than 90 days old thich it is organized. (If the certific litted)  In accordance with section 605.02  Department of State constitutes a	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  d, duly authenticated by the officinate is in a foreign language, a trainate is in a foreign language third degree felony as provided for	Name and Address:  Brent Kiley  262 South River Rd. # 201  Bedford, NH 03110  Justin Hall  262 South River Rd. #201  Bedford, NH 03110  all having custody of records in the instation of the certificate under oath

Typed or printed name of signee

## •

## State of New Hampshire Department of State

#### CERTIFICATE

I, William M. Gardner. Secretary of State of the State of New Hampshire, do hereby certify that BKHK ACQUISITIONS LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on June 20, 2017. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 773062

Certificate Number: 0004111478





#### IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 21st day of June A.D. 2018.

William M. Gardner Secretary of State