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16 JUN 24 PM 1: 29

P. H. B. B. C. J. S. J.

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195
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REFERENCE: 192042 5021613

AUTHORIZATION : Somellie on a

COST LIMIT : \$ 4, 0,00.00

ORDER DATE: June 24, 2016

ORDER TIME : 12:14 PM

ORDER NO. : 192042-005

CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: KW ALHAMBRA LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: KW Alhai	mbra LP		
	ne of Foreign Limited Partn	ership or Limited Liabilit	y Limited Partnership
partnership to transact bu	, certificate of status and fe siness in Florida. ndence concerning this ma		er a foreign limited partnership or limited liability limited
Kim McLoughlin			
	Contact Person	· · · · · · · · · · · · · · · · · · ·	
Wexford Capital LF)		
	Firm/Company		
411 West Putnam	Ave, Suite 125		
	Address	· · · · · · · · · · · · · · · · · · ·	
Greenwich CT0683	30		
Ci	ty, State and Zip Code		
kmcloughlin@wexf			
E-mail address: (to be u	sed for future annual repor	t notification)	
For further information co	oncerning this matter, pleas	se call:	
Kim McLoughlin		at (203)862	-7000
Name of Contac	t Person	/	time Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	☐ \$1,008.75 Filing Fees and Certificate of Status	□ \$1,052.50 Filing Fees and Certified Copy	☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	MAILING ADDRESS Registration Section Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. KW Alhambra					_	
Acceptable Limited P	mited Partnership or Limited Lia artnership suffixes: Limited Partne iability Limited Partnership suffixes	ership, Lim	ited, L.P., LP, or Ltd.		D _.	
If name unavailable,	name under which the limited part business in Flo		imited liability limited partners	ship proposes to	registe	er to transact
_{2.} Delaware			3. 06/23/2016			
	te or Country of Formation Identification Number: N/A		Date of For	nation	_	
	d Agent for Service of Process an	d Florida	Street Address:			
Corporation Ser		u rioriua	Sti cet Addi ess.			
1201 Hays Stree	et					
Tallahassee, FL	32301					
my position as regineral my position as regine	ive to the proper and complete pery stered agent. Corporation Sel By: Signa m Ave, Suite 125	ture of Re		Courtne Asst. Vic	y Wi	lliams
Greenwich CT 0		-,	enwich CT 06830	***************************************		
10. Name, principal Name of General	ship is a limited liability limited possible address, and mailing address, and mailing address. Partner:	ess of each C	general partner: 00005013 Name of General Partner:	SECREAL SECRETARIA	18 JUI 24	2 - 1200 Marie 1 - 12
Street Address:	111 West Putnam Ave, Sui	te 125	Street Address:	:.) < <u>.</u>	Tor	*Adopt
birott Address.	Greenwich CT 06830		Street Address.		ċċ	
Mailing Address:	411 West Putnam Ave, Su	ite 125	Mailing Address:	Şir.	ر پ	
	Greenwich CT 06830					
Name of General 1	Partner:					
Street Address:			Street Address:			
Mailing Address			Mailing Address:			

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of (Effective date cannot be prior to nor more to	filing: han 90 days after the date this document is filed by the Florida Department of State.)
	authenticated, not more than 90 days prior to the delivery of this application to the of State or other official having custody of the entity's records in the jurisdiction under
Signed this 23rd day of	June ,20 16.
	Det Daniel
	Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

16 JUH 24 AH 8: 26

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KW ALHAMBRA LP" 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-FOURTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KW ALHAMBRA LP"

WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2016.

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

Authentication: 202551012

Date: 06-24-16

6077683 8300 SR# 20164627742