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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to 1 lining Officer.					

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JLKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 263412 5021613 AUTHORIZATION COST LIMIT ORDER DATE: August 23, 2016 ORDER TIME: 12:38 PM ORDER NO. : 263412-010 CUSTOMER NO: 5021613 FOREIGN FILINGS NAME: KW ALHAMBRA PROPERTY, LP XXXX QUALIFICATION (TYPE: LL) 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 Con						
SUBJECT: KW Alhambra Property, LP						
Name of Foreign Limited Partnership or Limited Liability Limited Partnership						
partnership to transact bu	, certificate of status and fe siness in Florida. ndence concerning this ma		ister a foreign limited partnership or limited liability limited			
Jacquelyn Werner						
Contact Person						
c/o Wexford Capital LP						
Firn/Company						
411 West Putnam	Ave Suite 125					
	Address	· · · · · · · · · · · · · · · · · · ·				
Greenwich CT 068	30		,			
	ty, State and Zip Code	 				
jwerner@wexford.c						
E-mail address: (to be u	sed for future annual repor	t notification)				
For further information co	oncerning this matter, pleas	se call:				
Jacquelyn Werner		at (203)86	62-7000			
Name of Contac	t Person	Area Code and D	Paytime 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 Fe and Certified Copy	ces \$\Bigcup \\$1,061.25 \text{ Filing Fee,} \\ Certified Copy, and \\ Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRES Registration Section Division of Corporati P. O. Box 6327 Tallahassee, FL 3231	ons			

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

Acceptable Limited	a Property, LP Limited Partnership or Limited I Partnership suffixes: Limited Part Liability Limited Partnership suffix	tnership, Limi	ted, L.P., LP, or Lt	d.			
	le, name under which the limited pa business in F		contain acceptable s	suffix.	oses to re	gister to	transact
_{2.} Delaware		_{3.} June 24, 2016					
	state or Country of Formation er Identification Number: applie	ed for		Date of Formation			
_	ered Agent for Service of Process ervice Company	and Florida	Street Address:				
1201 Hays Str	eet						
Tallahassee, F	-L 32301						
7. Principal Office	: am Ave, Suite 125	nature of Re	gistered Agent ailing Address: West Putnam	Cour Asst. \ Ave, Suite 125	tney W Vice Pr	/illiam	IS
Greenwich CT	06830	Gre	enwich CT 068	330	SEE ELECTION	14 :6 HW	173
10. Name, princip	ership is a limited llability limited al office address, and mailing add al Partner: <u>KW Alhambra Pro</u>	iress of each	general partner:	Partner:	3.5	<u> </u>	
Street Address:	A11 West Putnam Ave S	with 10E	-				
Mailing Addres	s:						
Name of Genera	al Partner:		Name of General	Partner:			
Street Address:							
	·						

Mailing Address: _____ Mailing Address: _____

	Page 1 of 2 Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing:	e date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticated, not reflected Department of State, by the Secretary of State or other of the law of which it is organized.	more than 90 days prior to the delivery of this application to the fficial having custody of the entity's records in the jurisdiction under
(100003	of a general partner
The individual signing this document affirm that the facts stated submitted in a document to the Department of State constitutes a	herein are true and the individual is aware that false information
Certified Copy (optional): \$5	1,000.00 (\$965 Filing Fee and \$35 Registered Agent Res) 52.50 8.75

Page 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KW ALHAMBRA PROPERTY, 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-THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KW ALHAMBRA PROPERTY, LP" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2016.

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

Authentication: 202870125

Date: 08-23-16

6078491 8300 SR# 20165476344