

F180000001200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

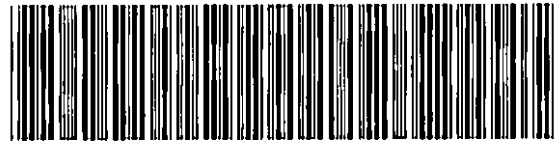
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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300310112623

FILED  
18 MAR -9 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECORDED  
2018 MAR -9 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
MAR 13 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 101205 5168074

AUTHORIZATION :

COST LIMIT : \$ 720.00

ORDER DATE : March 7, 2018

ORDER TIME : 9:20 AM

ORDER NO. : 101205-005

CUSTOMER NO: 5168074

FOREIGN FILINGS

NAME: KSL ASSOCIATE GROUP, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
KSL Associate Group, Inc

**SUBJECT:** \_\_\_\_\_  
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:  
Norma Gervais

_____	Name of Person
KSL Associate Group	
_____	Firm/Company
5790 Fleet St., Suite 300	
_____	Address
Carlsbad, CA 92008	
_____	City/State and Zip code
andrew.risteen@kiscosl.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norma Gervais	760	804-5900
_____	at ( _____ )	_____
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.*

KSL Associate Group, Inc.

1. \_\_\_\_\_

(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)  
California

2. \_\_\_\_\_

(State or country under the law of which it is incorporated)  
January 1, 2000

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Date of incorporation)  
10/01/17

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. \_\_\_\_\_

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

5790 Fleet St., Suite 300, Carlsbad, CA 92008

7. \_\_\_\_\_

(Principal office 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

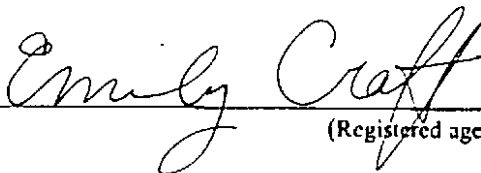
, Florida 32301

(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.*



(Registered agent's signature)

Emily Croft

Asst. Vice President

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.

FILED  
18 MAR -9 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Andrew S. Kohlberg

Director: \_\_\_\_\_

5790 Fleet Street, Suite 300, Carlsbad, CA 92008

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

Andrew S. Kohlberg

President: \_\_\_\_\_

5790 Fleet Street, Suite 300, Carlsbad, CA 92008

Address: \_\_\_\_\_

Terri Novak

Vice President: \_\_\_\_\_

5790 Fleet Street, Suite 300, Carlsbad, CA 92008

Address: \_\_\_\_\_

Craig A. Taylor

Secretary: \_\_\_\_\_

5790 Fleet Street, Suite 300, Carlsbad, CA 92008

Address: \_\_\_\_\_

Assistant Treasurer: Gillian Freeman

Treasurer: \_\_\_\_\_

5790 Fleet Street, Suite 300, Carlsbad, CA 92008

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Andrew Kohlberg President

(Typed or printed name and capacity of person signing application)

FILED  
18 MAR -9 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

FILED  
18 MAR -9 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ENTITY NAME:

KSL ASSOCIATE GROUP, INC.

FILE NUMBER: C2205805  
FORMATION DATE: 01/01/2000  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of March 08, 2018.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2018

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: KSL ASSOCIATE GROUP, INC.  
Ref. Number: W18000023009

We have received your document for KSL ASSOCIATE GROUP, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

The total amount due is \$720.00.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 518A00004881

RECEIVED  
DEPARTMENT OF STATE  
18 MAR 12 PM 3:14