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K III MANAGEMENT TRUST, LTD.

TYPE OF FILING: APPLICATION

COST:

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RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

_	tration Section ion of Corporations				
SUBJECT:	K III Management Trust, Ltd.				
	Name of	corporation	- must include suffix		
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign Corp f Existence," or "Certificate o ced foreign corporation to tran	f Good Stan	ding" and check are submit	usiness in Florida." ted to register the	
Please return a	all correspondence concerning	this matter	to the following:		
Jackie Billard					
		Name of I	Person	-	
ArentFox Schif	ff LLP				
		Firm/Com	pany		
800 Boylston S	treet, 32nd Floor				
		Addre	SS	·	
Boston, MA 02	199				
	(City/State ar	nd Zip code		
Jackie.Billard@					
	E-mail address: (to be used for	or future annual report notif	ication)	
For further info	ormation concerning this matt	ter, please ca	all:		
Jackie Billard	at	(⁶¹⁷	973-6185	973-6185	
Name	of Person	Area Code	Daytime Telephone	Number	
Regist Divisio The Co 2415 N	ET/COURIER ADDRESS: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations	
	heck for the following amount ok payable to: FLORIDA DEP, ag Fec	ARTMENT (OF STATE \$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.

I. K III Managem				
(Enter name of c "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"	
K III Managem	ent Trust, Inc.			
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transactir	ng business in Florida)	
Delaware 2.	3	04-3530068		
	ry under the law of which it is incorporated)	(FEI number, if ap	oplicable)	
4. 10/17/2022	5			
	(Date of incorporation) (Date of		of duration, if other than perpetual)	
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration) 2, F.S., to determine penalty liabili	ity)	
7. 40 North Washin	gton Drive, Sarasota, FL 34236			
	(Principal office	street address)	·	
	(Current mailing :	address, if different)		
			2022 OCT	
8. Name and stree	et address of Florida registered agent: (P.O. l	Box NOT acceptable)	0C7	2
Name:	Kendall P. Kellaway, Jr.	<u> </u>	FIL 27	<u>></u>
Office Address:	40 North Washington Drive		ran i	
	Sarasota	, Florida	AH 10: C	Ċ
	(City)	(Zip code)	00	
Having been nam designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my positi	it as registered agent and agre tive to the proper and complet	e to act in this capacity.	. 1
_	kendall P.	kellaway, Ir.		
	(Registered agent's signa	ature)	_	

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.

A. DIRECTORS Kendall P. Kellaway, Jr. Susan Kellaway □Chairman □Chairman Name: 40 North Washington Drive 40 North Washington Drive □ Vice Chairman Address: □Vice Chairman Address: Sarasota, FL 34236 Sarasota, FL 34236 **■** Director ■ Director **■** President □President □ Vice President □ Vice President ☐ Secretary ☐ Treasurer ■ Secretary ☐ Treasurer □Other _____ □Other □Other ______ Other _____ □ Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address: □ Vice Chairman Address: _____ Director □ Director □President □ President ☐ Vice President □Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _ □Other □Other _____ □ Chairman Name: ☐ Chairman Name: □Vice Chairman Address: ____ □ Vice Chairman Address: Director □ Director ☐ President □President ☐ Vice President □Vice President ☐ Secretary Treasurer □ Secretary □ Treasurer ☐ Other ______ □Other ____ □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. bendall P. bellaway, Jr. 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. Kendall P. Kellaway, Jr., President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "K III MANAGEMENT TRUST, LTD." 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 TWENTY-SEVENTH DAY OF OCTOBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "K III MANAGEMENT TRUST, LTD." WAS INCORPORATED ON THE SEVENTEENTH DAY OF OCTOBER,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 204718052

Date: 10-27-22

7086366 8300 SR# 20223875357