

L22000367518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Received
08/04/22

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800382030818

S. CHATHAM
AUG 23 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG -4 AM 1:44



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2022

INCSERV

SUBJECT: KENSINGTON FUNDING IN, LLC
Ref. Number: W22000101666

*Please honor the
original submission date
as the file date. Thanks! :)*

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

Florida law requires the principal office address to be a street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 722A00017545

*Please honor the
original submission date
as the file date. Thanks! :)*

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DIVISION OF CORPORATIONS
2022 AUG 22 PM 3:08
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Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051	FROM Melissa Moreau 850.656.7953
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REQUEST DATE 8/4/2022 **PRIORITY** Regular Approval **OUR REF # (Order ID#)** 1060039

ORDER ENTITY
KENSINGTON FUNDING IN, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
KENSINGTON FUNDING IN, LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:
\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ".

22 AUG -4 AM 1:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KENSINGTON FUNDING IN, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

142 Andalusia Way
Palm Beach Gardens, FL 33418

PO Box 33167
Palm Beach Gardens
Florida 33420

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Paul K. DeGrado

Name

142 Andalusia Way

Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens

Florida

33420

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

Igor Nosovicki, AMBR

1 Greene Street, Apartment 703
Jersey City, New Jersey 07302

Kensington Capital
Advisors, LLC, AMBR

PO Box 4192
River Edge, New Jersey 07661

(Use attachment if necessary)

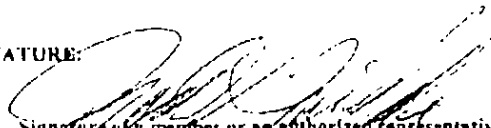
ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any 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.

Marco D. Grimaldi, Authorized Representative

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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