L23000402907

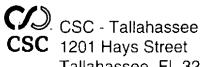
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900413587809

RECEIVED 2023 AUG 28 PH 3: 25 ALLIAHASSEE FLORII



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 08/28/23 Order #: 1258486-1 Re: KAR ML LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH

TOR I REMEN Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	w Filing Section vision of Corporation	ns			
SUBJECT	KAR M6 LLC				
SOUGECT		Name of Lim	ited Liabilit	y Company	
The enclose	ed Articles of Organiza	ation and fee(s) are	submitted t	or filing.	
Please retur	n all correspondence o	concerning this ma	tter to the fo	llowing:	
	Sheldon Bender				
			Name of I	Person	
	Blank Rome LLF	,			
			Firm/Con	npany	_
	One Logan Square	e, 2nd Floor			
			Addre	SS	
	Philadelphia, PA	19103			
		Ci	ity/State and	Zip Code	
-	E-mail ad	dress: (to be used	for future an	nual report notificati	on)
For further in	formation concerning	this matter, please	call:		
	Sheldon Bender	at (215	569-5406	
•	Name of Pers		ea Code	Daytime Telephone	Number
Enclosed is	a check for the follow	ing amount:			
□\$125.00	Filing Fee □\$130	0.00 Filing Fee & icate of Status	Certifie	00 Filing Fee & d Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	ion porations	7 1 2	treet Address lew Filing Section Di he Centre of Tallaha 415 N. Monroe Stree fallahassee, FL 32301	ssee a. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
KAR M6 LLC	
(Must conatin the words "Limited Liabil	ity Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

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:

Corporation Service	Company	
	Name	
1201 Hays Street		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL.	32301
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..

Corporation-Service Company

By

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

	Title:	Name and Address:	
	"AMBR" = Authorized M	lember	
	"MGR" = Manager	Shahab Karmely	
	AMBR		uite 200
		c/o KAR Properties, 232 Madison Avenue, S New York, NY 10016	
			
			
			
			
	(Use attachment if necess	ary)	
the docus		lock does not meet the applicable statutory filing requirements, this ne Department of State's records. any.	; date will not be listed as
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