

**110900003566**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : COX & NICK  
Account Number : I20000000223  
Phone : (239) 254-0706  
Fax Number : (239) 254-0709

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP -9 AM 10:36

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**KFAM Limited Liability Company**

**S. HAWKES**

SEP 10 2009

**EXAMINER**

Certificate of Status	1
Certified Copy	1
Page Count	04 07
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9/4/2009 11:59:14 AM PAGE 1/002 Fax Server

September 4, 2009

COX &amp; NICI

SUBJECT: KFAM LIMITED LIABILITY COMPANY  
REF: W09000040031

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. You may download a fill-in-the-blank written consent form from our website [www.sunbiz.org](http://www.sunbiz.org).

The alternate name must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable limited liability company suffixes in Florida: Limited Company, L.C., and LC.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

FAX Aud. #: H09000195184  
Letter Number: 609A00029631

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of KFAM Limited Liability Company

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Montana

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 608.406, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

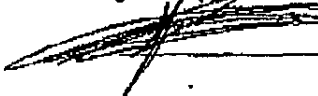
KOESTNER FAMILY LLC

(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date:

9/4/09

Signature(s) of Manager(s) and/or Managing Member(s):

  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KFAM Limited Liability Company  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Cynthia Carlson, Esq.  
Name of Person

Cox & Nici  
Firm/Company

1185 Immokalee Road, Suite 110  
Address

Naples, Florida 34110  
City/State and Zip Code

ccarlson@coxnici.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Carlson, Esq. at ( 239 ) 254-0706  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. KFAM Limited Liability Company  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Koestner Family LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Montana 3. 27-0793181  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/27/2009 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 266 Arbour Drive West, Kalispell, Montana 59901  
same  
(Street Address of Principal Office)

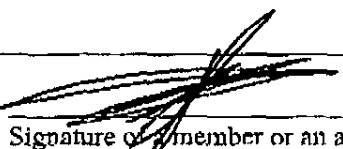
8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Rudy Koestner, 266 Arbour Drive West, Kalispell, Montana 59901

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Investment management

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Rudy Koestner

Typed or printed name of signer

FILED  
09-09-2009  
AM 10:36  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

KFAM Limited Liability Company

If unavailable, the alternate to be used in the state of Florida is:

Koestner Family, LLC

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

Cynthia Carlson, Esq., Cox & Nici

(Name)

1185 Immokalee Road, Suite 110

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Naples, FL 34110

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 608, Florida Statutes.*

Cynthia Carlson

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## SECRETARY OF STATE STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

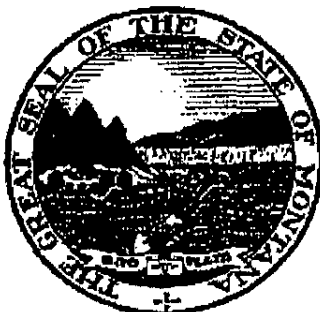
#### KFAM LIMITED LIABILITY COMPANY

duly filed its Articles of Organization in this office on 27 July 2009, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 30 July 2009.

*Linda McCulloch*

LINDA MCCULLOCH  
Secretary of State  
Certified File Number: C196540

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