# M14000007792

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

Office Use Only



200265729152

10/27/14--01017--017 \*\*130.00

2014 OCT 27 A IO: 01
SECRE INSY OF STATE

DEPARTMENT OF STATE

B. BOSTICK
OCT 28 2014
EYAMINER

K2 Towers, LLC Thank you! ( ) Profit () Amendment () Merger () Nonprofit () Dissolution/Withdrawal () Mark ( ) Foreign () Reinstatement () Limited Partnership ( ) Other () Annual Report (X)LLC () Name Registration Registration () Fictitious Name () UCC (X) CUS () Certified Copy () Photocopies () Call When Ready () Call If Problem (x) Walk In () Will Wait (x) Pick Up () Mail Out Name 10/27/2014 Order#: Availability \_\_\_ 9323398 Document ST Examiner \_\_\_\_ Ref#: Updater Verifier \_\_\_\_\_

515 E. Park Ave., Tallahassee, FL, 32301

CT Corporation System \*

W.P. Verifier \_\_\_\_

Amount: \$ \_\_\_

850-205-8842

#### COVER LETTER

|                                     | tration Section<br>on of Corporations   |  |   |                         |  |  |
|-------------------------------------|---|--|---|-------------------------|--|--|
| SUBJECT: K                          | 2 Towers, LLC   |  |   |                         |  |  |
| Name of Limited Liability Company   |   |  |   |                         |  |  |
| The enclosed "A<br>Existence, and o | Application by Foreign Limited Liab check are submitted to register the al  | ility Company for Authorization to<br>sove referenced foreign limited lial | Transact Business in Florida," Cert<br>bility company to transact business in | ificate of<br>n Florida |  |  |
| Please return al                    | I correspondence concerning this ma   | tter to the following:   |   |                         |  |  |
|                                     | Cyndi Debevec   |  |   |                         |  |  |
|                                     |   | Name of Person   |   |                         |  |  |
|                                     | Peppertree Capital Management,  | inc.   |   |                         |  |  |
|                                     |   | Firm/Company   |   |                         |  |  |
|                                     | 86 West Street  |  |   |                         |  |  |
|                                     |   | Address  |   |                         |  |  |
|                                     | Chagrín Falls, OH 44022   |  |   |                         |  |  |
|                                     |   | City/State and Zip Code  |   |                         |  |  |
|                                     | cdebevec@peppertreecapital.com  |  |   |                         |  |  |
|                                     | E-mail address  | (to be used for future annual report no                                    | otification)  |                         |  |  |
| For further info                    | rmation concerning this matter, plea  | se call:   |   | 291                     |  |  |
|                                     |   |  | [6<br><u>22</u>   | 9                       |  |  |
| Cyndi                               | i Debevec   | at (440) 528   | 3-0338  |                         |  |  |
|                                     | Name of Contact Person  | Area Code  | Daytime Telephone Number 23   | 27                      |  |  |
|                                     | ING ADDRESS:<br>on of Corporations  | STREET ADDRESS: Division of Corporations                                   | E S   |                         |  |  |
| Regist                              | ration Section  | Registration Section   | STAT  | Ö,                      |  |  |
|                                     | 30x 6327<br>assee, FL 32314   | Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301        | 두   | 0                       |  |  |
| England in a                        | a check for the following amou  | ent·   | ,   |                         |  |  |
|                                     | 25.00 Filing Fee  \$\Begin{array}{l} \$130.00 Filing Fee  \Begin{array}{l} \$Certificate of the control of the con | g Fee & □ \$155.00 Filing Fee  | & \$160.00 Filing Fee, Certified Conv   |                         |  |  |

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| f name unavailable, enter alternate name adopted for the purpose of transacting bus ability Company," "L.L.C," or "LLC.")  | iness in Florida. The alternate name must include "Limit     |
|--|--|
| Delaware 3, 26-4756  | 201  |
| (Jurisdiction under the law of which foreign limited liability company is organized)   | (FEI number, if applicable)                                  |
|  |  |
| (Date first transacted business in Florida, if pri<br>(See sections 605.0904 & 605.0905, F.S. to deter   |  |
| 86 West Street   |  |
| Chagrin Falls, OII 44022   |  |
| (Street Address of Principal   | Office)  |
| 86 West Street   |  |
|  | 经 8  |
| Chagrin Falls, OH 44022 (Mailing Address)  |  |
| ( <u>.</u>   | m-< -  |
| 7. The name, title or capacity and address of the person(s) who  | has/have authority to manage is/are:                         |
| N. W. Dennielle, C. T. H. C. H. 1991, D. Langer discount \$4. West France Charles  |  |
| Howard Mandel, manager - 86 West Street, Chagrin Faffs, OH 44022; R3 an D. Lepane, director - 86 West Street, Chagrin F  | <u> </u>   |
| hin Goldfirb, obsittman of the board of managers, 510 Madison Ave, 28th Phoer, New York, NY 10022; Michael Simsnovsky  | y, manager, 510 Madison Ave, 25th Floor, New York, NY 10022; |
| avid Shankman, manager, 510 Madison Ave, 20th Ploor, New York, NY 10022; Robert Jordan, manager, 510 Madison Ave   | 28th Flory New York KV 10023                                 |
| Mid Shankman, manuger, 510 Minimon Ave, 74 m Froot, 7104 Tota, N. I. 10022 , Nobel Librania, Inninger, 510 Minimon Ave   | ; sear Front, new York, is a 10032                           |
| Attached is an original certificate of existence, no more than   | 90 days old, duly authenticated by the offic                 |
| aving custody of records in the jurisdiction under the law of w  |  |
| cceptable. If the certificate is in a forcign language, a translatio   |  |
| nust be submitted)   |  |
| 7 / /  |  |
| 7-2  |  |
| Signature of an authorize  | ed person  |
| n accordance with section 605.0203, F.S., the execution of this document constitutes an affirm<br>n aware that any false information submitted in a document to the Department of State consti |  |
| P 1  | - • •  |
| Typed or printed name of   |  |
| Typed or printed name of   | signee   |

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| K2 Towers, LI                                      | of the Limited Liability Compa   | any is:  |  |
|--|--|--|--|
| If unavailable                                     | e, the alternate to be used in the   | state of Florida is:   |  |
| 2. The name  | and the Florida street address of  | of the registered agent and office a   | re:  |
|  | C T Corporation System   |  |  |
|  |  | (Name)   |  |
|  | 1200 South Pine Island Road  |  | 2014 OCT 27 VECRETARY VLLAHASSE  |
|  | Florida Street Add   | ress (P.O. Box NOT ACCEPTABLE)   | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |
|  | Plantation   | FL 33324   | المعرا   |
|  |  | City/State/Zip   | A 10: 0.  PERSTATE OFFLORISS   |
| liability comp<br>registered ay<br>statutes relati | oany at the place designated in t<br>ent and agree to act in this capa<br>ing to the proper and complete p | to accept service of process for the his certificate, I hereby accept the dicity. I further agree to comply with performance of my duties, and I am tered agent as provided for in Cha | above stated limited<br>appointment as<br>h the provisions of all<br>familiar with and |
|  | C T Corporation System By:   | Comistany  | Connie Bryan   |
|  | (Signa   | iture)   | Assistant Secretary  |
|  | \$ 100.00<br>\$ 25.00<br>\$ 30.00<br>\$ 5.00   | Filing Fee for Application Designation of Registered Ages Certified Copy (optional) Certificate of Status (optional)   | nt   |

## Delaware

PAGE

### The First State

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

DELAWARE, DO HEREBY CERTIFY "K2 TOWERS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

PILED

2014 OCT 27 A ID: 01

SEGNETARY OF STATE.

4680746 8300

141335411

AUTHENT CATION: 1811370

DATE: 10-27-14

You may verify this certificate online at corp. delaware.gov/authver.shtml