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Foreign Limited Liability Company JS KODIAK LLC

Certificate of Status	1
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Help

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

COMPLIANCE WITH SECTION (RIGGN LIMITED LIARTERY COM	105.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBM IPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIS	MITTED TO REGISTER A
JS KODIAK LLC	THE STATE OF PLANTAGE BOSINESS BY THE STATE OF PLONE	#L'
	billity Company; must include "Umited Liability Company," "L.L.C.," of	"LLC.")
ame usavallable, enter alternate name ud liky Company," "LLC," er "LLC.")	opied for the purpose of transacting business in Plorida. The alternate m	une must include "Limited
DELAWARE	3. 47-4310511	
risdiction under the law of which foreign	pa limited liability (Fill number, if applies	ible)
		<u>-</u> .
(Daie) (See sect)	irst transacted husiness in Florida, if prior to registration.) ons 605.0904 & 605.0905, F.S. to determine penalty liability)	E , o
19950 W. COUNTR	Y CLUB DRIVE, 10TH FLOOR	
AVENTURA, FL 3318	20	22 d
AVENTURA, FL 33 I	(Street Address of Priscipal Office)	
19950 W. COUNTR	Y CLUB DRIVE, 10TH FLOOR	
		 တ ္တ
AVENTURA, FL 331	(Malling Address)	<u> </u>
The name, title or capacity and	d address of the person(s) who has/have authority to m	anage is/are:
JONATHAN KURR	Y - MANAGER	
19950 West Cou	intry Club Drive, 10th Floor, Aventura, F	L 33180
ing custody of records in the justable. If the certificate is in a test to submitted)	the of existence, no more than 90 days old, duly authorized cition under the law of which it is organized. (A particular foreign language, a translation of the certificate under Signature of an authorized person equitor of the decurrent continuous an affirmation under the penaltics of perjury a document to the Department of Sine constitutes a third degree falcay as provide	cath of the translator
<u> </u>	Jonathan Kuny, Manager	
	Typed or printed name of signer	

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.

1. The name of the Limited Liability Company is:		
JS KODIAK LLC		
If unavailable, the alternate to be used in the state of	Florida is:	
2. The name and the Florida street address of the reg	ristered agent and office are:	
NRAI SERVICES, IN	IC.	를 ' '
(Nam	۵)	16
1200 SOUTH PINE ISLAND ROAD		~ ~ ~
Florida Sweet Address (P.O.	Box NOT ACCEPTABLE)	
PLANTATION	FL 33324	ි. දුරු දුරු
City/	State/Zlp	5
Having been named as registered agent and to accept liability company at the place designated in this certification registered agent and agree to act in this capacity. If statutes relating to the proper and complete performs accept the obligations of my position as registered ag Statutes.	licate, I hereby accept the appointment as wither agree to comply with the provision ince of my duties, and I am familiar with	s of all and ida

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

(Signature)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JS KODIAK 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 SEVENTEENTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JS KODIAK LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5765268 8300

151179116

You may verify this certificate online at corp.dolaware.gov/authvar.shtml

AUTHENTY CATION - 2650381

DATE: 08-17-15