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(Re	equestor's Name)	
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TALLAHAS SESTE OF TAKE

J. HARRIS

COVER LETTER

SUBJECT:	KIRENAGA	PARTNERS	LLC	_
		Name of Limited Liabili		······································
	Application by Foreign Limited Liabi heck are submitted to register the ab			
Please return all	correspondence concerning this mat	ter to the following:		
	DAVID	ScALZO Name of Person		
	KIRANA	GA PARTNE	eks	LLC
		Firm/Company		
	3259 PRO	GRESS HA	ا الا	ITE 155
		Address	1 , 30	7012 100
	OPLANDO	City/State and Zip Co	28 26	
		, ,		
	david.scalzo (E-mail address: (b krevaga.	corn	tification)
			uai report no	unication)
for lurther infor	mation concerning this matter, please	e call:		. •
	DAVID SCALZO	914	, 20	2-6046
	Name of Contact Person	Area Co	de Day	2 -60 46 ytime Telephone Number
	ING ADDRESS:			Γ ADDRESS:
	n of Corporations ation Section			of Corporations
	ox 6327		Clifton B	ion Section Building
Tallaha	ssec, FL 32314		2661 Exe	ecutive Center Circle see, Fl. 32301
	eck for the following amount:			
\$125	5.00 Filing Fee \$\Bigsig \$130.00 Filing Certificate of Sta			□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



Progress is misspelled FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2016

DAVID SCALZO Drive 3259 PROPRESS WAY, SUITE 155 ORLANDO, TFL 32826

SUBJECT: KIRENAGA PARTNERS LLC

Ref. Number: W16000012254

We have received your document for KIRENAGA PARTNERS LLC and your = check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00003404

confirming the address is: 3259 Progress Drive, Suite 155

Orlando, FL 32826

www.sunbiz.org



2816 MAR 24 PM 12: 32

February 18, 2016

DAVID SCALZO 3259 PROBRESS WAY, SUITE 155 ORLANDO, FL 32826

SUBJECT: KIRENAGA PARTNERS LLC

Ref. Number: W16000012254

We have received your document for KIRENAGA PARTNERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00003404

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

IN COMPLIANCE WITH SECT COMPANY TO TRANSACT BUS			WING IS SUBMITTEL	TO REGISTER A F	OREIGN LIMINEL) I.IABII.IIY
, KIRE,	JAGA PARTN	ers li				
(Name of Forei	ign Limited Liability Compan	y; must include "Lii	mited Liability Comp	any," "L.L.C.," or "	LLC.")	-
(If name unavailable, enter alt Liability Company," "L.L.C,"						nited
2. DELAWA	RE	3.	90 - 0°	196238		
(Jurisdiction under the law of company is organized)	of which foreign limited liabil	ity	(FEI nun	nber, if applicable)		_
4. P/A	•					
T	(Date first transacted	business in Florida,	if prior to registration	1.) 6:104-3	国监 高	
5. 3259	(See sections 605.0904) PLOGEESS	RIVE	one 155	• • • • • • • • • • • • • • • • • • •	112	4
DELA	UDO FI	3282	6			y sgap wells
	(Street Addre	ess of Principal Offic	ce)	·-	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	
6 San	~ _					
						The same
	(Ma	uling Address)			5 層 の	
7 Name and atmost addresses			T			
7. Name and <u>street address</u>				C/412-7	100 400 100 6	× 50 000
Name:	1200000	** Tree 5 13	E DAVID	- SALLO	INMINHE	US PHICTO
Office Address:	3259 PROGREDO	LEBS WAR	1 SUITE 1	33		
	OLLANDO)	, Florida	32826		
	(Ci	ty)	, Florida	(Zip code)		
Registered agent's accept. Having been named as reg this application, I hereby a	istered agent and to accep					
with the provisions of all si the obligations of my positi	tatutes relative to the prop					
	DD	Solf		MANAG	ING PA	-₽°T7/1=72
-	(1	Registered agent's si	ignature)	171110110	inocy v ir	211001
8. The name, title or capac	city and address of the pore	on(v) who hac/has	e authority to mane	aga islara:		
NAUN SCA	MANAGING	ρ_{A}	AT	20 a. ~	15 AW	770°
10,700,9	bellard BELAND	26 min	ere Aue	DEEKKON	TE 1011	<i>-</i> ,
TEKLANEE	BERLATUS	3257 PA	20GRESS W	19 ORLA	NUDO FL	32826
	THENTONIO	raphor				
9. Attached is a certificate of jurisdiction under the law of the translator must be sul	f which it is organized. (If					
-	12-0 Sign	nature of an authoriz	man/	tains P	ARTNER	
This document is executed submitted in a document to						
	DAVID !	SCALZZ	MAN	AGUNG T	>ACT NEG	2

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KIRENAGA PARTNERS 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 TWENTIETH DAY OF JANUARY, A.D. 2016.

Authentication: 201700380

Date: 01-20-16