6000004045 05/20/2016 09:37 PAGE 01/05 TRANSMISSION VERIFICATION REPORT 05/13/2016 09:17 5616941639 BROK5J580162 DATE, TIME FAX NO./NAME DURATION 05/13 09:16 18506176383 00:00:38 https://efile.sunbiz.org/scripts/efilcovr.exe vision of Corporations Florida Department of State Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000118673 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. Division of Corporations Fax Number : (850)617-6383 From : CORPORATE CREATIONS INTERNATIONAL INC. Account Name Account Number : 110432003053 Phone : (561)694-8107 MAY 23 2016 : (561)694-1639 Fax Number J SHIVERS **Enter the email address for this buginess entity to be used for future annual report mailings. Enter only one email address please. **

The State of Table 18 Commence of

Email Address:

850-817-6381

5/20/2016 9:18:11 AM PAGE 1/001 Fax Server



May 17, 2016

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC

SUBJECT: KSB HOLDINGS LLC

REF: W16000035546

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. 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.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6052.

Gina McLeod FAX Aud. #: H16000118673

Regulatory Specialist II Supervisor Letter Number: 916A00010240

ZELVELLA HASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

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

KSB Holdings LLC			
	ign Limited Liability Company; must include "Limited Liab	oility Company," "L.L.C.," or "L	LC: ")
KSB 83 Holdings LLC	ternate name adopted for the purpose of transacting business	In Florida. The alternate name r	must include "Limited
Liability Company," "L.L.C,"	"or "LLC.")		
2. Delaware	of which fareign Himsed Hability	(FEI number, if applicable)	
company is organized)	, , , , , , , , , , , , , , , , , , , ,	, , p,	
4	(Date first transacted business in Plorida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.)	
6440 NW Sth Way	(See sections 603,0904 or 603,0903, it.6, in determine	: behany naunny)	
J			
Fort Lauderdale, FL 33	(Street Address of Principal Office)		
6. 6440 NW 5th Way		·····	
Fort Lauderdale, FL 33	1309		
	(Mailing Address)		
7. Name and street address	g of Florida registered agent: (P.O. Box <u>NOT</u> accept	able)	
Name:	Sezgei Ezofeev	•	
Office Address:	6440 NW 5th Way	_	
	Fort Lauderdale	, Florida <u>33309</u>	
	(City)	(Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept service of process for the tion, I hereby accept the appointment as registered a ons of all statutes relative to the proper and camplete my position as registered agent.	gent and agree to act in this o	capacity. I further agree
	(Registered agent's signature)	Lauren Vadney, Attorney	-in-Pact 5
8. The name, title or capa	ocity and address of the person(s) who has/have author	ity to manage is/are;	
Sczgei Bzofeev- Manager		· · · · · · · · · · · · · · · · · · ·	
6440 NW 5th Way			
Port Lauderdale, FL 3330	9		
9. Anached is a certificate jurisdiction under the law of the translator must be st	40	eated by the official having cuga language, a translation of t	stody of records in the
mai s. d	Signature of the without of person		lelan in formation
This document is executed submitted in a document to	I in accordance with section 605,0203 (1) (b), Florida 5 the Department of State constitutes a third degree felo	ony as provided for in 8.817.1.	atse mrormation 55, F.S.
	Lauren Vadney, Attorney-in-Pact		
	Typed or printed name of signee		

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

DELAWARE, DO HEREBY CERTIFY "KSB HOLDINGS 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 THIRTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KSB HOLDINGS LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2016.

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

5954209 8300 SR# 20163167291

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

MSR

Authentication: 202313282

Date: 05-13-16