## M160000606055

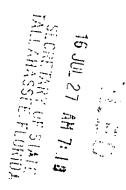
(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500288302685

07/27/16--01028--020 \*\*130.00



## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporation	S				
SUBJECT:	KISS BH18, LLC					
		Name of I	imited Liability Con	npany		
The enclosed Existence, an	l "Application by Fore ad check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorization	n to Transac liability cor	et Business in Florida," mpany to transact busin	Certificate of ess in Florida
Please return	all correspondence co	oncerning this matter to the	following:			
	Scott W. Fitzpar	rick, Esq.				
		Na	me of Person			
	Owens Law Gro	oup, P.A.				
		Fi	rm/Company	<u> </u>		
	811-B Cypress	Village Blvd.				
			Address	<del></del> -		
	Ruskin, FL 335	73				
		City/St	ate and Zip Code			
	scott@owenslaw	grouppa.com				
		E-mail address: (to be used	for future annual re	port notifica	ation)	
For further in	nformation concerning	this matter, please call:				
Sco	ott W. Fitzpatrick		813 at ( )	634-5425		
	Name o	f Contact Person	Area Code	Daytime	e Telephone Number	
Div Reg P.O	ision of Corporations gistration Section Box 6327 lahassee, FL 32314		D R C 2	Legistration S Llifton Build	Corporations Section ing ve Center Circle	
	a check for the follow 8125.00 Filing Fee	ing amount:  \$\frac{1}{2}\$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filing Certified Copy		\$160.00 Filing Fee, Ce Status & Certified Cop	

## 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 al ability Company," "L.L.C.	ternate name adopted for the purpo " or "LL.C.")	se of transacting business in Flo	orida. The alternate na	me must i	nclude	"Limited
Delaware		3. 26-4203584				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FE	I number, if applicable	e)		
	(Date first transacted busin (See sections 605,0904 & 60	ness in Florida, if prior to registr 5,0905, F.S. to determine penal	ration.) ty liability)	_		
1550 S. Maple Ave.		·				
Montebello, CA 90640	)			置	ਰੰ	
	(Street Address o	Principal Office)				
1550 S. Maple Ave.				_表写 	JL 2	, ·
Montebello, CA 90640	)				330	174 ** 2 5. 54 **
	(Mailing	(Address)			-	u + i
Name and street address	ss of Florida registered agent: (	P.O. Box <u>NOT</u> acceptable)			7:	A mark
Name:	Scott W. Fitzpatrick, Esq.		•	ŞE	النبك	
O.C A 11	811 Cypress Village Blvd.					
Office Address:		<del></del>				
Office Address:	Ruskin, FL	, Flo	orida <u>33573</u>	_		
egistered agent's accep	(City)		(Zip code)	— hility con	ирану:	at the pla
egistered agent's accep laving been named as re esignated in this applica o complywith the provisi	(City) otance: egistered agent and to accept section, I hereby accept the appoilations of all statutes relative to the my position as registered agent	rvice of process for the above ntment as registered agent a e proper and complete perfo	(Zip code)  ve stated limited lian and agree to act in t	his capac	city. I	further a
egistered agent's acceptaving been named as resignated in this applicate complywith the provisice of the obligations of	(City) otance: egistered agent and to accept section, I hereby accept the appoil ions of all statutes relative to th my position as registered agent	rvice of process for the above ntment as registered agent a e proper and complete perfo stered agent's signature)	(Zip code)  ve stated limited lian  and agree to act in to  ormance of my duti	his capac	city. I	further a
egistered agent's acceptaving been named as resignated in this applicate complywith the provisic cept the obligations of the complywith the provisions of the obligations of the complywith the provisions of the complywith the provisions of the complywith the or cap	(City) otance: egistered agent and to accept section, I hereby accept the appoilations of all statutes relative to the my position as registered agent	rvice of process for the above ntment as registered agent a e proper and complete perfo stered agent's signature)	(Zip code)  ve stated limited lian  and agree to act in to  ormance of my duti	his capac	city. I	further a
egistered agent's acceptaving been named as resignated in this applicate occupy with the provisic cept the obligations of the name, title or capack Rochel, Manager	(City) otance: egistered agent and to accept section, I hereby accept the appoil ions of all statutes relative to th my position as registered agent	rvice of process for the above ntment as registered agent a e proper and complete perfo stered agent's signature)	(Zip code)  ve stated limited lian  and agree to act in to  ormance of my duti	his capac	city. I	further a
egistered agent's acceptaving been named as resignated in this applicate complywith the provisic cept the obligations of the complywith the provisions of the obligations of the complywith the provisions of the complywith the provisions of the complywith the or cap	(City) otance: egistered agent and to accept section, I hereby accept the appoil ions of all statutes relative to th my position as registered agent	rvice of process for the above ntment as registered agent a e proper and complete perfo stered agent's signature)	(Zip code)  ve stated limited lian  and agree to act in to  ormance of my duti	his capac	city. I	further a
egistered agent's acceptaving been named as resignated in this applicate occupy with the provisic cept the obligations of the name, title or capack Rochel, Manager	(City) otance: egistered agent and to accept section, I hereby accept the appoil ions of all statutes relative to th my position as registered agent	rvice of process for the above ntment as registered agent a e proper and complete perfo stered agent's signature)	(Zip code)  ve stated limited lian  and agree to act in to  ormance of my duti	his capac	city. I	further a
egistered agent's acceptaving been named as reesignated in this applicate complywith the provision of the obligations of the obligations of accept the obligations of acceptack Rochel, Manager 550 S. Maple Ave.  Montebello, CA 90640	ce of existence, no more than 90 of which it is organized. (If the	rvice of process for the above ntment as registered agent as e proper and complete perform stered agent's signature) s) who has/have authority to	(Zip code)  we stated limited liant agree to act in to primance of my dution manage is/are:	his capac es, and I	eity. I am fai	further a
egistered agent's acceptaving been named as resignated in this applicate complywith the provision of the obligations of the obligations of ack Rochel, Manager 550 S. Maple Ave.  Montebello, CA 90640  Attached is a certificate arisdiction under the law	containce:  registered agent and to accept section, I hereby accept the appoint ions of all statutes relative to the my position as registered agent (Regularity and address of the person)  re of existence, no more than 90 to of which it is organized. (If the submitted)	rvice of process for the above ntment as registered agent as e proper and complete perform stered agent's signature) s) who has/have authority to	(Zip code)  we stated limited liant agree to act in to primance of my dution manage is/are:	his capac es, and I	eity. I am fai	further a

Typed or printed name of signee

Scott W. Fitzpatrick

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "KISS BH18, 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 NINETEENTH DAY OF MAY, A.D. 2016.

Authentication: 202346867

Date: 05-19-16