# M16000006752

(i	Requestor's Name)				
(/	Address)				
(/	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(1	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



200288720162

16 AUS 23 AM 9: 88

16 AUG 23 PM 1:1

pug 2 4 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 263412 5021613

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: August 23, 2016

ORDER TIME : 12:37 PM

ORDER NO. : 263412-005

CUSTOMER NO: 5021613

#### FOREIGN FILINGS

NAME: KW ALHAMBRA PROPERTY GP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

#### COVER LETTER

TO:	Registration Section Division of Corpora						
SUBJE		Property GP, LLC					
		Name of	Limited Liability (	Company			
The end Existen	closed "Application by ce, and check are subr	Foreign Limited Liability Comp nitted to register the above refer	pany for Authoriza enced foreign limit	tion to Tra	ansact Business in Florida, y company to transact busing	'Certificate of ness in Florida	
Please	return all corresponder	ace concerning this matter to the	following:				
	Jacquelyn V	Verner					
		N	ame of Person				
	c/o Wexfor	d Capital LP	ital LP Firm/Company				
		Firm/Company					
	411 West P	411 West Putnam Ave, Suite 125 Address					
	<del></del>						
	Greenwich	vich CT 06830					
	<del></del>	City/S	City/State and Zip Code				
	jwerner@we	xford.com					
		E-mail address: (to be use	d for future annual	report not	ification)	•	
For furt	her information conce	rning this matter, please call:					
	Jacquelyn Werner		203 at (	8620-70	000	_	
	Nai	ne of Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 323	ions		Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding cutive Center Circle see, FL 32301		
Enclose	ed is a check for the fo		☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co		

### • 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:

1. KWAlhambra Proper				
(Name of For	eign Limited Liability Company; mo	ust include "Limited Li	ability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpor	se of transacting busine	ess in Florida. The alternate name	must include "Limited
2 Delaware		3. applied for		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)	
4	(Date first transacted busin	ess in Florida, if prior	to registration )	
411 West Putnani Ave	(See sections 605.0904 & 605 . Suite 125	5.0905, F.S. to determine	ne penalty liability)	
Greenwich CT 06830			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Street Address of	Principal Office)		
6, .		•		
Ť.				
	(Mailing	Address)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7. Name and street address	ss of Florida registered agent: (P	O. Box NOT accer	otable)	<u> </u>
Name:	Corporation Service Company	<del></del> .	, 	ALL ALL
Office Address:	1201 Hays Street			23 23 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25
	Tallahassee		, Florida 32301	
Registered agent's accep	(City)		(Zip code)	<b>.</b>
designated in this applica to complywith the provisi	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. Corporation Service Compar By:	tment as registered a	agent and agree to act in this	capacity. I further agree and I am familiar with and Courtney Williams
	(Regis	tered agent's signature	)	Asst. Vice Preside
8. The name, title or capa	icity and address of the person(s)	) who has/have autho	ority to manage is/are:	
Flagler Investors LLC -M	anager			
411 West Putnam Ave, Su	iite 125		, , , , , , , , , , , , , , , , , , ,	
Greenwich, CT 06830				
	of existence, no more than 90 date of which it is organized. (If the cubmitted)			
	Signature	of an authorized perso	חס	
This document is executed	in accordance with section 605.0	- 0203 (1) (b) Florida	Statutes. Lam aware that any	false information
submitted in a document to	the Department of State constitu	utes a third degree fel	lony as provided for in s.817.1	55, F.S.

Arthur Amron Vice President and Assistant Secretary

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 "KW ALHAMBRA PROPERTY GP, 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-THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KW ALHAMBRA PROPERTY GP, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2016.

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

Authentication: 202870122

Date: 08-23-16

6078486 8300 SR# 20165476338