## M16000001425

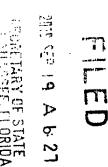
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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**S Warren** SEP 2 0 2016



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2016

TRACY JANIK 3 RIVERWAY, SUITE 1600 HOUSTON, TX 77056-1967

SUBJECT: CORKSCREW GROVE MANAGEMENT, LLC

Ref. Number: W16000060859

We have received your document for CORKSCREW GROVE MANAGEMENT, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 016A00018717

#### **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations							
SUBJECT:	Corkscrew Grove M	=					
Name of Limited Liability Company							
		eign Limited Liability Comp d to register the above refere					
Please return	all correspondence c	oncerning this matter to the	following:				
	Mr. Tracy Janik						
	<del>"</del>	Na	nme of Person				
	King Ranch, Inc	с.					
Firm/Company							
	3 Riverway, Suite 1600						
Address							
	Houston, TX 77056-1967						
		City/St	ate and Zip Code		· · · · · · · · · · · · · · · · · · ·	•	
	tjanik@king-ranc	ch.com					
		E-mail address: (to be used	for future annual	report not	ification)	•	
For further in	nformation concerning	g this matter, please call:					
Mr	. Tracy Janik		832 at (	681-57			
	Name o	f Contact Person	Area Code	Day	time Telephone Number	,	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig 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. Corkscrew Grove Mana	<del>-</del>		-44 T C 3N
N/A	eign Limited Liability Company; must include '	"Limited Liability Company," "L.E.C.," of	r "LLC.")
	ternate name adopted for the purpose of transa	cting business in Florida. The alternate na	me must include "Limited
2. Delaware	3. N	/A	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	<del>&gt;)</del>
4. The Company will firs	t transact business in Florida after it is reg		
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) to determine penalty liability)	_
5. Three Riverway, Suite	1600, Houston, Texas 77056	,,	ج
		· · ·	
	(Street Address of Principal C	Office)	
6. Three Riverway, Suite	1600, Houston, Texas 77056		
· ·			- Ale e m
	(Mailing Address)		OF ST
7. Name and street addres	s of Florida registered agent: (P.O. Box ]	NOT acceptable)	ORIGINAL PROPERTY OF THE PROPE
Name:	CT Corporation System	. ,	911 -
Office Address:	1200 South Pine Island Road		•
	Plantation	, Florida 33324 (Zip code)	
,	(City)	, Florida(Zip code)	_
designated in this applica to complywith the provisi	gistered agent and to accept service of pretion, I hereby accept the appointment as sons of all statutes relative to the proper any position as registered agent.  Bried Kheen - Asst, S  (Registered agent)	registered agent and agree to act in to nd complete performance of my dutie	his capacity. I further agree es, and I am familiar with and
	(Registered agent	's signature	
8. The name, title or capa	acity and address of the person(s) who has	have authority to manage is/are:	
The Company is managed	by its manager, KR Florida Operations, I	LLC, whose principal address is	
Three Riverway, Suite 16	00, Houston, Texas 77056.		<del></del>
	of existence, no more than 90 days old, du of which it is organized. (If the certificate abmitted)	is in a foreign language, a translation	of the certificate under oath
	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third		
	William J. Gardiner		

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 "CORKSCREW GROVE MANAGEMENT, 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 SEPTEMBER, A.D. 2016.

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

Authentication: 202982214

Date: 09-13-16

6122346 8300

SR# 20165759950